



# CHILDREN'S HOSPITAL COLORADO UNIVERSITY OF COLORADO DENVER, SCHOOL OF MEDICINE JOINT 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.

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## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Children's Hospital Colorado (Children's Colorado or We or Our) understand that information about you and your health is personal and sensitive. Our primary responsibility for your personal health information is to keep it safe. Each time you visit the hospital, we create a record of the care and services you receive. Your health information includes any record we create or maintain to provide care to you, or to obtain payment for that care, including information in your medical record and billing records. We need this information to provide you with quality care and to comply with certain legal requirements. This notice describes your rights and certain obligations we have regarding the way we use and share your health information.

The Health Insurance Portability and Accountability Act (HIPAA) federal privacy law requires us to:

- provide this notice to you
- maintain the privacy of your health information
- follow the terms of this notice

As a patient or a parent/legally authorized representative of a patient at the hospital, you are the patient's "personal representative". Please read this notice with the understanding that we are discussing "you" to mean the patient.

This notice applies to all of the records of your care generated by any of the Children's Colorado facilities, our medical staff, and the physicians, residents, medical and allied health students affiliated with the University of Colorado - School of Medicine when they are working within Children's Colorado facilities under an Organized Health Care Arrangement (OHCA). This notice also applies to the privacy practices of the Pediatric Care Network and its participants, the largest clinically integrated network in Colorado dedicated exclusively to children, for our joint activities relating to pediatric community health.

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## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways in which we use your health information internally and release your health information to persons outside Children's Colorado that do not require any separate oral or written permission from you. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

**Treatment** - We may use or disclose your health information, including information about your mental health treatment, to provide you with medical treatment and healthcare services. We may share your health information with or request it from doctors, nurses, technicians, medical students, interns, health information exchanges, or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care. Unless you request a restriction and to the extent permissible under federal and state privacy laws, we will make reasonable efforts to notify your primary care provider and other providers who need to receive notification of your status for treatment, care coordination, or quality improvement purposes when you are admitted to a Children's Colorado emergency department or inpatient unit, when you are discharged from a Children's Colorado emergency department or inpatient unit, or when Children's Colorado transfers your care, all in compliance with federal and state law.

We participate in Health Information Exchanges (HIE's), including Colorado Regional Health Information Organization (CORHIO) and CareEverywhere, to access and share your health information with other participants of these HIE's for treatment and permissible payment purposes. We will notify your health care providers of admission, discharge, and transfers through an HIE.

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**Payment** - We may use or disclose your health information so the treatment and services you receive may be billed to and payment collected from you, an insurance company, or another third party. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan. We may disclose certain information to the person responsible for paying for your care in an attempt to obtain payment for that care.

**Health Care Operations** - We may make uses or disclosures of your health information that are necessary to operate Children's Colorado our healthcare facility and maintain and improve care. Some of these uses may include quality assurance activities; credentialing and privileging medical staff members; administrative activities, including our financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities.

**Individuals Involved in Your Care or Payment for your Care** - We may share your health information with a friend or family member who is involved in your medical care, unless you tell us in advance not to do so.

**Business Associates** - Some services are provided in our organization through contracts with third parties who are our business associates. We may share your health information with our business associates so that they can perform the job we've asked them to do. We require our business associates to sign a contract that states they will appropriately protect your information. Examples of business associates include transcription and information storage services, management consultants, quality assurance reviewers, and auditors.

**Directory Information** - The hospital has a "facility directory" of information about patients hospitalized or otherwise receiving services at our facilities. This directory information is available to anyone who asks for a patient by name and allows visitors to find your room. The law permits us to give out the following information:

- 1) the patient's name,
- 2) general location within the hospital,
- 3) general condition (good, fair, serious, critical, deceased), and
- 4) religious affiliation (available to clergy only).

You have the right to refuse to have your information included in the facility directory. If you refuse to have your information released, we will not be able to tell your family or friends your room number or that you are in the hospital.

**Appointment Reminders** - We may use health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility. These reminders may be through phone, mail, email or text messaging, including automated reminders.

**Fundraising** - We may use and disclose limited health information to Children's Hospital Colorado Foundation to contact you as part of a fundraising effort for the mission of Children's Colorado. If you receive a communication from us for fundraising purposes, you will be informed on how to opt out of any further fundraising communications if you wish, or you can let us know by contacting us at 720-777-1700 or email [info@childrenscoloradofoundation.org](mailto:info@childrenscoloradofoundation.org).

**Research That Doesn't Involve Your Treatment** - When a research study does not involve any treatment, we may share your health information with researchers when the Institutional Review Board (IRB) determines the request for your PHI has met federal guidelines for release of your PHI for research purposes.

**Public Health Activities** - We may share your health information for public health activities. These generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications, problems with products or other adverse events;
- to notify people of recalls of products they may be using;

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- 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 believe a patient has been the victim of abuse, neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.

**Organ and Tissue Donation** - If you are an organ donor, we may share your health information with organizations that handle organ procurement or organ, eye or tissue transplantation, or with an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans** - If you are a member of the armed forces, we may share your health information as required by military command authorities.

**Averting a Serious Threat to Health or Safety** - We may use and share your health information when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. This information would only be shared with someone able to help prevent the threat.

**Disaster Relief Organizations** - We may share your health information with an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

**Health Oversight Activities** - We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for government agencies to monitor the health care system, government programs, and compliance with laws.

**Worker's Compensation** - We may share your health information for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits for work related injuries.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement** - We may share your health information if asked to do so by law enforcement officials in the following circumstances:

- when we receive a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- when the patient is the victim of a crime if we are unable to obtain the person's agreement;
- when we believe the patient's death may be the result of criminal conduct;
- criminal conduct at our facility;
- 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 Home Directors** - We may share your health information with a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also share health information about patients at our facility with funeral home directors as necessary to carry out their duties.

**National Security and Intelligence Activities** - We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates** - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may share your health information with the correctional institution or the law enforcement official when

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necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution

**Legal Requirements** - We will share your health information without your permission when required to do so by federal, state or local law.

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## SITUATIONS THAT REQUIRE YOUR SPECIFIC WRITTEN "AUTHORIZATION"

Other uses of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). Some typical situations that require your authorization are as follows:

**Substance Abuse Treatment Disclosures** - We will share substance abuse treatment information only in accordance with state and federal law, including 42 CFR Part 2. Other than the permitted disclosures mentioned above, state and federal law may require your authorization or the authorization of your representative.

**Disclosure of Mental Health Treatment Information** - We will share your mental health treatment information only in accordance with state law. Other than the permitted disclosures mentioned, Colorado law requires your authorization or the authorization of your representative.

**Research Involving Your Treatment** - When a research study involves your treatment, we may share your health information with researchers after you have signed a consent and authorization form. You do not have to sign the consent and authorization form in order to get treatment from us, but if you do refuse to sign the consent and authorization form, you cannot be part of the research study.

Research studies require an IRB to review and approve research protocols for protection of the individuals that participate. In rare circumstances, an IRB may issue a waiver allowing the research study to take place without you needing to sign a consent to share your information. Waivers are granted only when the IRB determines appropriate safeguards are in place to protect the privacy of your personal health information.

**Marketing** - We may ask you to sign an authorization to use or disclose protected health information as part of a marketing effort. The authorization will state whether we received any direct or indirect compensation for the marketing. Your authorization is needed except for face-to-face communications we make to you or for promotional gifts of nominal value. Marketing is defined as a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, except communications made:

- to describe a health-related product or service that we provide;
- for your treatment;
- for case management or coordination of your care, or to direct or recommend alternative treatments, therapies, providers, or settings of care to you; or
- To provide refill reminders about a drug or biologic that is currently being prescribed for you, only if the financial remuneration we receive in exchange for the communication is reasonably related our cost of making the communication.

**Sale of Electronic Health Records or PHI** - We may not sell protected health information unless authorized by you. An authorization is not needed if the purpose of the exchange is for:

- treatment, payment or certain healthcare operations purposes, including the sale, merger or consolidation of a covered entity;
- public health activities;
- research purposes where the price charged reflects the cost of preparing and transmitting the information;
- performance of services by a business associate on our behalf;

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- providing you with a copy of the PHI maintained about you; or
- other reasons determined necessary and appropriate by the Secretary or by law.

**Disclosures Requested by Children's Colorado** - We may ask you to sign an authorization allowing us to use or to share your health information with others for specific purposes such as notifying you of future educational or social events that you might enjoy.

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## YOUR HEALTH INFORMATION RIGHTS

Although your health record is our physical property, the information in the health record belongs to you and you have certain patient health information rights in it. You have the right to:

**Request a restriction on certain uses of your protected health information.** You must submit your request in writing. We will review all requests, but we are not required by law to agree to your request unless it is a restriction on health information to your health plan for payment or health care operations where you have paid the full cost of the service to which the information relates. Even when we agree to a restriction, we may still share your information during a medical emergency or as required by state or federal law.

**Inspect and request a copy of your protected health information for a reasonable fee.** You and your personal representatives may inspect your records or request copies of all or portions of your records. You also may request that we send copies of your records to any third party of your choosing. All requests for access, or copies of records, must be made in writing. If you request a copy in electronic format, we must provide the information in an electronic format. We may deny your request under limited circumstances. If we deny you access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review. We may deny access to psychotherapy notes.

**Obtain a record of the sharing/disclosures of your health information.** The accounting will only list information shared for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization.

**Request an amendment to your health record if you feel the information is incorrect or incomplete.** We may deny your request for an amendment if:

- it is not in writing,
- does not include a reason to support the request,
- the information was not created by our healthcare team,
- it is not part of the information kept by our facility,
- it is not part of the information which you would be permitted to inspect and copy,
- the information already in the record is accurate and complete.

Please note that even if we accept your request, we are not required to delete any information from your health record. If we disagree with your request, you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question.

**Receive notification of a breach of your information.** You will receive notification if at any time we determine that you unsecured health information has been breached under criteria established by law.

**Request communication of your health information by alternative means or to alternative locations.** We will honor reasonable requests when you provide an alternative address/contact information and information on how payment will be handled.

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**Revoke your authorization to use or share health information.** You may cancel your previous authorizations in writing at any time. If you cancel your authorization, we will no longer use or share your health information previously allowed under the authorization. This will not apply to any prior actions taken in response to a valid authorization.

**Obtain a copy of this Notice of Privacy Practices upon request.** This Notice is available at any of our departments, and is also on our website at: <https://www.childrenscolorado.org/your-visit/after-your-visit/your-bill/hipaa/>

**Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States.** If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Patient Relations Program at:

Phone: 720-777-1010  
Email: [patientrelations@childrenscolorado.org](mailto:patientrelations@childrenscolorado.org)  
Mailing 13123 E. 16th ave, B220  
Address: Aurora, CO 80045

Your complaint will be forwarded to the Privacy Officer and will be fully investigated.

You may also file a complaint with the Department of Health and Human Services, Office for Civil Rights. Information regarding how to file a complaint with this agency can be found online at: [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html).

There will be no retaliation for filing a complaint.

We reserve the right to change this notice by posting changes to our web site at <http://www.childrenscolorado.org>. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, and it will also be available on request.

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