



# CHILDREN'S HOSPITAL COLORADO UNIVERSITY OF COLORADO DENVER, SCHOOL OF MEDICINE JOINT NOTICE OF PRIVACY PRACTICES

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## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal and sensitive in nature. 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 Hospital Colorado facilities, and the physicians employed by the University of Colorado - School of Medicine who are working within Children's Hospital Colorado facilities under an Organized Health Care Arrangement (OHCA).

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

The following categories describe different ways in which we use your health information within the hospital and release your health information to persons outside of the hospital which do not require any 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. We participate in multiple Health Information Exchanges (HIE's), including Colorado Regional Health Information Organization (CORHIO) and CareEverywhere, to provide safer, more effective care to you regardless of where you receive treatment. You have the right to opt out of these HIE's, although we may still disclose your health information for treatment purposes through other means, such as fax or email.

**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 a 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, even if you can consent to the treatment yourself.

**Health Care Operations** - These uses or disclosures are necessary to operate our healthcare facility and make sure all of our patients receive quality care. Some of these uses may include quality assurance activities; granting medical staff credentials to physicians; administrative activities, including the hospital financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-777-9800.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-720-777-9800.



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**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** - There are some services provided in our organization through contracts with third parties who are business associates of the hospital. 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 persons only).

You have the right to refuse to have your information shared for such purposes. 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. You will be asked to agree to have this information shared at your first visit. In the future, we will rely on that decision until you inform us differently.

**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.

**Fundraising** - We may contact you as part of a fundraising effort for the hospital. If you receive a communication from us for fundraising purposes, you will be informed on how to clearly opt out of any further fundraising communications.

**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;
- 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.

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**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 the government to monitor the health care system, government programs and compliance with civil rights 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. This is 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 only share your substance abuse treatment information in accordance with HIPAA and 42 CFR Part 2, Federal Substance Abuse Confidentiality Regulations. In general, your written authorization is needed to share this information.

**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 written authorization or the written 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 the hospital, but if you do refuse to sign the consent and authorization form, you cannot be part of the research study.

In addition, 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 consent. Waivers are granted 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 if the hospital received any direct or indirect compensation for the marketing. Your authorization is needed except for face-to-face communications made by the hospital 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 is provided by the covered entity making the communication;
- for the treatment of the individual; or
- for case management or care coordination of the individual, or to direct or recommend alternative treatments, therapies, providers, or settings of care to the individual. The communications described in those three exceptions often are considered to be within the definition of "health care operations" under HIPAA, and thus permissible without the individual's authorization.
- To provide refill reminders about a drug or biologic that is currently being prescribed for the individual, only if the financial remuneration received by the hospital in exchange for the communication is reasonably related to its cost.

**Sale of Electronic Health Records or PHI** – The hospital 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 hospital operations related to the individual;
- public health activities;
- research purposes where the price charged reflects the cost of preparation and transmittal of the information;
- health care operations related to the sale, merger or consolidation of a covered entity;
- performance of services by a business associate on behalf of a covered entity;
- providing the individual with a copy of the PHI maintained about him/her; or
- other reasons determined necessary and appropriate by the Secretary or by law.

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**Disclosures Requested by Children's Hospital 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.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the hospital because the hospital created it, the information in the health record belongs to you. 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.

**Inspect and request a copy of your protected health information for a reasonable fee.** You may inspect your records or request copies of all or portions of your records. You may also request that the hospital 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. The hospital can 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.

**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. This will not apply to any prior actions taken in response to a valid authorization.

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UNIVERSITY OF COLORADO DENVER, SCHOOL OF MEDICINE  
**JOINT NOTICE OF PRIVACY PRACTICES**

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**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 the hospital by contacting the Patient Relations Program at 720-777-1010. 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. 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 posted on our web site at <http://www.childrenscolorado.org>.

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