



NOTICE OF PRIVACY PRACTICES

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

Each time you/your child visits the hospital a record of your visit is made. Typically, this record contains information about the examination and test results, diagnoses, treatment and a plan for future care.

This information serves many purposes, such as:

- Communication among clinicians in providing **treatment** and planning your child's care. For example:
 - Physicians, nurses and therapists involved in the care of your child may discuss progress and determine plans for additional care;
 - Copies of your child's medical record may be forwarded to the clinician who referred you to the hospital for care as a way to communicate your child's progress;
 - Copies of your child's medical record may be forwarded to those involved in follow-up care of your child.
- Documentation for third party **payers** to verify services that are billed. For example:
 - A bill may be sent to an insurance company for payment. The information on or accompanying the bill may include medical information that is used to verify the reason services were provided.
 - Note: If you pay out of pocket in full for a service, you have a right to restrict certain disclosures of PHI to your health plan. This only pertains to disclosures for health care operations or payment and must not restrict disclosures required by law.
- Assisting with **administrative functions** of the hospital. For example:
 - Members of a hospital committee may review records of patients who received specific treatments, in order to determine that we achieved the results we were looking for, in an effort to continually improve the quality of the care we provide.

Other ways Children's Hospital of Richmond at VCU is permitted or required to use or disclose your/your child's health information:

- **Reception:** We maintain a list of patient names and room numbers at the reception desk in order to direct visitors upon their arrival.
- **Communication with companies** that provide medical services for the hospital. For example:
 - Your child's symptoms or diagnosis may be provided to a contracted lab company for them to complete a lab test that was ordered by a physician at the hospital.
- **Mailings:** We may contact you to provide information about events or services that may be of interest to you/your child;
- **Appointment Reminders:** We may contact you about an upcoming appointment.
- **Food and Drug Administration (FDA):** We may provide information to the FDA about adverse events related to food, supplements, product and product defects.
- **Public Health:** As required by law, we may provide information to the public health authorities responsible for preventing or controlling disease, injury or disability.

- **Vital Statistics:** As required by law, we may provide information to agencies charged with tracking diseases and treatments, such as birth defects and tumor registry.
- **Worker's Compensation:** As required by law, we may provide information to workers compensation or other similar programs established by law.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Other uses or disclosures will be made only with your written authorization. You also have the right to revoke this authorization. Examples when we must obtain your written authorization include:

- Most uses and disclosure of psychotherapy notes require your written authorization;
- Uses and disclosures of patient health information for marketing purposes require your written authorization;
- The sale of patient health information requires your written authorization

YOUR RIGHTS RELATED TO YOUR/YOUR CHILD'S HEALTH INFORMATION:

- You have the right to look at or obtain a copy of your/your child's health information.
- You have the right to receive a list of disclosures of your/your child's health information for purposes other than treatment, payment or operations for the past six years.
- You have a right to restrict certain disclosures of your/your child's health information to a health plan if you pay for a service in full (out of pocket).
- You have a right to receive notification of a breach of your/your child's unsecured health information.
- You may request in writing that we not use or disclose specific information for treatment, payment and operations except when specifically authorized by you, when required by law, or in emergency circumstances. We are not legally required to meet your request, but will determine whether we are reasonably able to meet it.
- If you believe that information in your/your child's record is incorrect or if important information is missing, you have the right to request, in writing, that we correct or add the information. We are not legally required to make the change, but will consider the request and include the request in the medical record.

CHILDREN'S HOSPITAL OF RICHMOND AT VCU'S RESPONSIBILITIES

- Maintain the privacy of your/your child's health information;
- Inform you, via this notice, of how this information is utilized;
- Abide by the terms of this notice;
- Inform you if we are unable to accommodate requested restrictions;
- Inform you if we are unable to accommodate reasonable requests for communication through alternative means or locations;
- We reserve the right to change our practices and will share these changes through posted notices in our facility.
- We will not use or disclose your/your child's health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you believe that your privacy rights have been violated, you may contact the hospital's Compliance Officer at (804) 228-5202. You may also send a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.