



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.

I. As a patient or a parent/legally authorized representative of a patient at Children's Hospital of The King's Daughters, Incorporated ("CHKDHS, we, us"), you are the patient's "personal representative." Please read this Notice with the understanding that we are discussing "you" to mean the patient.

II. About this notice

This Notice of Privacy Practices (the "Notice") describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or protected by law. It also describes your rights to access and control your protected health information, and describes the privacy practices of the following entities:

- Children's Hospital of The King's Daughters, Incorporated ("CHKD"), a pediatric acute care hospital, 601 Children's Lane, Norfolk, Virginia, 23507;
- Children's Medical Group, Inc. ("CMG"), pediatric primary care providers, 601 Children's Lane, Norfolk, Virginia, 23507;
- Children's Medical Group of North Carolina, Inc. ("CMG"), pediatric primary care providers, 601 Children's Lane, Norfolk, Virginia, 23507;
- Children's Surgical Specialty Group, Inc. ("CSSG"), pediatric surgical care providers, 601 Children's Lane, Norfolk, Virginia, 23507; and
- Children's Specialty Group, PLLC ("CSG"), pediatric specialty care providers, 601 Children's Lane, Norfolk, Virginia, 23507

Together, these legally separate covered entities have formed an Organized Health Care Arrangement ("OHCA"), which allow the members to manage care in a simpler, more patient-friendly manner. Each member of the OHCA is committed to protecting your medical information and will:

- Maintain the privacy of your health information
- Follow the terms of this Notice
- Post this Notice and make it available to you

III. How the organized health care arrangement may use and disclose your information

Your protected health information may be used and disclosed without your prior authorization by members of the OHCA, both inside and outside the OHCA, for the purposes of treatment, payment or health care operations as described in this Notice.

The following categories describe ways members of the OHCA may use and disclose medical information. For some categories, examples are not provided. Not every use and disclosure in a category is listed.

- **Treatment.** Members of the OHCA may use and disclose your information to provide, coordinate or manage your health care. Your information may be used and disclosed to doctors, nurses, technicians, students, or other health care personnel, both inside and outside the OHCA, who are involved in your care. For example,
 - A doctor treating you for a broken leg may need to refer you to a physical therapist for rehabilitation. Your information may be disclosed to the therapist to ensure continuity of care;
 - As a teaching hospital where attending physicians and specialists teach medical students, residents, and other allied health professionals the important lessons of specific care, you or your child may experience "walking rounds" when members of the CHKD medical team move from patient room to patient room discussing individual children;
 - To help coordinate your care, information may be disclosed to different entities such as pharmacies, laboratories and home health agencies.
- **Payment.** Members of the OHCA may use and disclose your information for billing and payment purposes. For example,
 - Your information may be disclosed to billing services and insurance companies so that payment may be received for the services provided to you;
 - Insurance companies and other payers may require prior approval to cover certain treatments or procedures. Your information may be disclosed to gain this approval;
 - Your information may be disclosed to insurance companies and other payers so they can review our billing practices.
- **Health Care Operations.** Your information may be used and disclosed to provide better health care services. The information may be used for education, performance improvement, quality enhancement, process improvement, customer service and community relations. For example, members of the OHCA may use and disclose your information:
 - To study the average wait time in the Emergency Department to determine how it can be improved;
 - To decide what additional services should be offered, what services are not needed, and whether new treatments are effective;
 - In combination with information from other health care facilities to compare and improve the quality of care and services offered;
 - Members of the OHCA participate in clinically integrated networks for purposes of health care operations functions, such as joint utilization review, quality assessment and improvement,

and payment activities, and may share medical information with network participants as necessary to carry out the joint activities of the network.

- **Health Information Exchange.** Members of the OHCA are participants in the North Carolina Health Information Exchange Authority (“NC HIEA”). The NC HIEA facilitates the sharing of protected health information (“PHI”) among authorized health care providers (e.g., health systems, hospitals, physician offices and labs) and health information organizations for treatment, payment and health care operation (“TPO”) purposes. NC HIEA is a secure system designed according to nationally recognized standards, and in accordance with federal and state laws that protect the privacy and security of the information being exchanged. If you are a resident of the state of North Carolina, your PHI is disclosed to the NC HIEA and available to authorized health care providers through the NC HIEA, unless you decline to participate or “opt-out” by completing a Patient Opt-Out Form. Please visit <https://hiea.nc.gov/> to download the Patient Opt-Out Form.
- **Health-related Services.** Your information may be used and disclosed to contact you about products, services, treatment, case management and care coordination offered by members of the OHCA. For example,
 - If you have asthma, you may be notified of asthma education programs;
 - You may be provided with health-related educational newsletters and calendars of events;
 - You may be contacted to be reminded of scheduled appointments, unless you object;
 - You may be contacted regarding ongoing campaigns about new physicians, screenings, treatments, facilities or educational programs;
 - You may be notified about the latest treatments, support groups and other resources available for your condition.
- **To Our Business Associates.** We will share your information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the OHCA. Whenever an arrangement between our office and a business associate involves the use or disclosure of your information, we will have a written agreement with that business associate that contains terms that will protect the privacy of your information. For example, the OHCA may hire a billing company to submit claims to your health care insurer. Your information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your information in any way other than what we allow.
- **Marketing.** Your information may be used and disclosed for the following marketing activities:
 - To communicate with you face-to-face;
 - To provide you with a promotional product of nominal value.
- **Fundraising.** Certain information (name, address, other contact information including telephone number, dates of service, date of birth, age, gender, department of service, treating physician, outcome information and health insurance status) may be used or disclosed to contact you to raise money for certain members of the OHCA. The money raised will be used to maintain, expand and improve the services and programs provided to the community. You have the right to elect not to receive fundraising communications. If you do not wish to receive fundraising communications, call the CHKDHS Development Office at (757) 668-7070 and state that you do not want to receive fundraising communications.
- **Directories.** The facility directory may contain your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, may be disclosed to people who ask for you by name, unless you object. Only members of the clergy may be told your religious affiliation. If you do not wish to be included in the facility directory, contact your service provider or the CHKDHS Privacy Officer.
- **Individuals Involved in Your Care or Payment for Your Care.** Your information may be disclosed to a family member, other relative, close personal friend or any other person identified by you, if the information is directly relevant to that person’s involvement with your care or payment related to your health care, unless you object. Your information may be disclosed to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative or another person responsible for your care, of your location, general condition or death, unless you object. However, if you are incapacitated, not present or an emergency situation exists, and professional judgment deems it to be in your best interest, your information may be disclosed to a family member, other relative, close personal friend or any other person identified by you who is involved with your care or payment related to your care.

Your information may be used and disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.

State law may deem a minor to be an adult in certain circumstances, prohibiting the release of information without the minor’s authorization. An example of this is services or treatment provided to an emancipated minor.

- **Research.** Members of the OHCA are actively engaged in teaching and research to improve the quality and safety of patient care.

Your information may be used and disclosed to researchers when an Institutional Review Board, that has reviewed the research proposal and protocols to ensure the privacy of your information, has approved their research. Your information also may be used and disclosed as research projects are prepared for development. Data that does not contain direct patient identifiers may be provided to researchers.

- **Serious Threat to Health or Safety.** Your information may be used and disclosed to a person or persons able to lessen or prevent a serious and imminent threat to the health or safety of a person or the public.

IV. Special Situations Involving Your Medical Information

- **Required By Law.** Your information may be used and disclosed when required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Organ, Eye and Tissue Donation.** Your information may be used and disclosed to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, U.S. or foreign, members of the OHCA may use and disclose information about you as required by the military.
- **Workers' Compensation.** Your information may be used and disclosed for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** Your information may be disclosed for public health activities. These activities may 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 or problems with products;
 - To let patients know about product recalls;
 - To notify people 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 it is believed a patient has been the victim of abuse, neglect or domestic violence other than child abuse and neglect. This disclosure will be made only if you agree or when required or authorized by law.

- **Food and Drug Administration.** We may disclose your information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products to enable product recalls; to make repairs to operating room replacements; or to conduct post marketing surveillance, as required.
- **Health Oversight Activities.** Your information may be disclosed to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.
- **Lawsuits and Disputes.** Your information may be disclosed in the course of any judicial or administrative proceeding in response to a court or administrative order. Your information also may be used and disclosed in response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order if satisfactory assurance is received from the party seeking your information that reasonable efforts have been made by such party to ensure that you have received notice of the request or such party has secured a qualified protective order.
- **Law Enforcement.** Your information may be disclosed:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness or missing person;
 - In response to law enforcement if you are suspected to be a crime victim and we are unable to obtain your agreement due to incapacitation or other emergency circumstances;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at one of our facilities; and
 - 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.** Your information may be disclosed to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Your information may be disclosed to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** Your information may be disclosed to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- **Protective Services for the U.S. President and Others.** Your information may be disclosed to authorized federal officials so they may provide protection to the U.S. President, other authorized individuals or foreign heads of state, or to conduct special investigations.
- **Custodial Situations.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, your information may be disclosed to the correctional institution or to the law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

V. Other Uses of Medical Information Based Upon Written Authorization

Other uses and disclosures of information not covered by this Notice or the laws that apply to members of the OHCA will be made only with your written authorization. You may revoke the authorization in writing at any time unless the OHCA has taken action in reliance on your authorization. The use and disclosure of psychotherapy notes requires your authorization. Also, the use and disclosure of your information for marketing (except as described in Section III above) and the sale of information requires your authorization. Written revocation of authorization must be submitted to the CHKDHS Privacy Officer. Members of the OHCA are unable to take back any disclosures that have already been made.

VI. Your Rights Regarding Your Medical Information

You have the following rights regarding medical information members of the OHCA maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of your records. This includes medical and billing records, but under federal law does not include:
 - Psychotherapy notes;
 - Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and
 - Information that is prohibited by federal law.

To inspect and request a copy of your records, you must obtain a record request form, and submit the completed form to the Medical Record Department of your service provider. If your records are maintained in an electronic medical record, you have the right to receive a copy of the records in electronic format and to have the copy transmitted directly to an entity or person provided your written directions are clear, conspicuous and specific. If you request a copy of your records, a reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request. If the records are in an electronic form, the fee shall not be greater than the labor costs to respond to the request.

Your request to inspect and copy may be denied under limited circumstances. If we deny you access to medical record information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The Medical Record Department will comply with the outcome of the review.

- **Right to Amend.** If you believe your health record information is incorrect or incomplete, you may request to amend the information. You have the right to request an amendment for as long as the information is kept by or for any member of the OHCA.

To request an amendment, you must obtain the form and submit the completed form to the CHKDHS Privacy Officer.

Your request for an amendment may be denied if the form is not completed or does not include a reason to support the request. In addition, your request may be denied if you ask us to amend information that:

- Is accurate and complete;
- Was not created by a member of the OHCA, unless you provide a reasonable basis to believe that the originator of your information is no longer available to act on the requested amendment;
- Is not part of the medical information kept by or for a member of the OHCA; or
- Is not part of the information that you are permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. An accounting of disclosures tracks, as required by law, certain disclosures of your information.

To request this accounting, you must request the form from and submit your completed request to the CHKDHS Privacy Officer. You may request an accounting of disclosures for a period of time less than six (6) years from the date of request. Accountings will not be provided for disclosures occurring prior to six (6) years preceding the date of your request (or three (3) years preceding the date of your request for disclosures through an electronic medical record). One (1) free accounting will be provided within a 12-month period. For each additional accounting during the 12-month period, a reasonable fee may be charged. The CHKDHS Privacy Officer or another representative will notify you of the cost, at which time you may withdraw or modify your request.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on your information for treatment, payment or health care operations (TPO). You also have the right to request a limit on the information disclosed to someone

involved in your care or the payment for your care. Members of the OHCA are not required to agree to your request except in the following circumstance: a request to restrict certain disclosures of your PHI to a health plan if you have paid in full out-of-pocket for the health care item or service. However, there may be Medicare, Medicaid, and other exemptions by law that apply. If your request is approved, it will be honored unless the information is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to the CHKDHS Privacy Officer. In your request, you must include (1) what information you want to limit; (2) whether you want to limit the 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 members of the OHCA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask only to be contacted at work or by mail.

To request confidential communications from a specific service provider (department or office), you must make your request in writing to the given service provider.

To request confidential communications throughout the entire OHCA, you must make your request in writing to the CHKDHS Privacy Officer. You will not be asked the reason for your request. All reasonable requests will be accommodated. 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 at any time, upon request, even if you have agreed to receive this Notice electronically.

You may also view or print a copy of this Notice at www.chkd.org.

To obtain a paper copy of this Notice, contact your service provider or the CHKDHS Privacy Officer.

- **Right to Request Non-Participation in Health Information Exchange.** Patients who do not want their health information to be accessible to authorized health care providers through the North Carolina Health Information Exchange Authority ("NC HIEA") may choose not to participate or "opt-out." If you choose to opt-out and complete the Patient Opt-Out Form, health care providers will not be able to search for your records through NC HIEA, although your information may be shared as required or permitted by law, for instance, for public health purposes. Please visit <https://hiea.nc.gov/> to download the Patient Opt-Out Form.

- **Right to Receive Notifications of a Data Breach.** We are required to notify you upon a breach of any unsecured PHI. PHI is "unsecured" if it is not

protected by a technology or methodology specified by the Secretary of Health and Human Services. A breach is the acquisition, access, use or disclosure not permitted by law that compromises the security or privacy of the PHI. The notice must be made within sixty (60) days from when we become aware of the breach. However, if we have insufficient contact information for you, an alternative method (posting on a website, broadcast media, etc.) may be used.

VII. Effective Date, Duration and Changes of this Notice:

A. Effective Date: This Notice is effective as of April 14, 2003.

Revision Dates: February 23, 2004, August 1, 2006, April 30, 2010, September 23, 2013, February 1, 2019.

B. Changes to this Notice: Members of the OHCA reserve the right to change this Notice. Members of the OHCA reserve the right to make the revised or changed Notice effective for medical information already maintained as well as any information received in the future.

A copy of the current Notice will be posted in each OHCA member's facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to any facility in the OHCA for treatment or health care services as an inpatient or outpatient, you may request a copy of the current Notice in effect.

You may also obtain any new Notice by contacting the CHKDHS Privacy Officer.

VIII. Addresses on File

CHKDHS has multiple information systems that house patient demographic and other data. Information related to you or your patient information may include or be sent to any past, current, or future addresses on file for you or your parents, guardians, account guarantors, or insurance policy holders within any of the various systems. If you have any concerns regarding any addresses that could be on file for you or your parents, guardians, account guarantors, or insurance policy holders, contact the CHKDHS Privacy Officer.

IX. Questions About Your Privacy Rights

If you believe your privacy rights have been violated, desire further information about your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact the CHKDHS Privacy Officer at (757) 668-7776. You may also file written complaints with the Secretary, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the CHKDHS Privacy Officer will provide you with the correct address for the Secretary.

You will not be penalized for filing a complaint.

Discrimination is against the law. Children’s Hospital of The King’s Daughters Health System (CHKDHS) complies with applicable civil rights laws and does not discriminate, exclude or treat people differently because of race, color, national origin, age, disability or sex. CHKDHS provides aids and services, such as qualified interpreters and information in alternative formats for written documents, to help people with disabilities and/or limited proficiency in English communicate with us. These aids are provided free of charge and in a timely manner. If you need these services, please contact our Cultural/Language Services Department at (757) 668-6930. If you believe that CHKDHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CHKDHS Section 1557 Grievance Coordinator, 601 Children’s Lane, Norfolk, VA 23507, (757) 668-6880, Grievance@chkd.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the CHKDHS Section 1557 Grievance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (757) 668-6930

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1 (757) 668-6930

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ
1 (757) 668-6930

Dè dɛ nià ke dyédé gbo: ɔ jü ké m[Bàsɔ-wùdù-po-nyɔ] jü ní, à wuɖu kà kò dè po-poo biàn mgbo kpáa. Dá
1 (757) 668-6930

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন
1 (757) 668-6930

注意: 如貴客使用藏語中文, 我們可免費提供專業手語翻譯服務。請致電 1 (757) 668-6930

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما
تماس بگیرید. 1 (757) 668-6930

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés
gratuitement. Appelez le 1 (757) 668-6930

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen
zur Verfügung. Rufnummer: 1 (757) 668-6930

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1 (757) 668-6930

Nti: Ọ bụrụ na asụ lbo, asụsụ aka ọasụ n’efu, defu, aka. Call 1 (757) 668-6930

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1 (757) 668-6930

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa
wika nang walang bayad. Tumawag sa 1 (757) 668-6930

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال
1 (757) 668-6930

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số
1 (757) 668-6930

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ní iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi
1 (757) 668-6930