

**Notice of Privacy Practices** Effective Date: April 30, 2013 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. Children's Medical Center of Dallas and its subsidiaries (Children's) takes the privacy of your/your child's (your) health information seriously. We are required by law to keep your health information private, provide you with this Notice of Privacy Practices (Notice), and make a good faith effort to obtain a signed document acknowledging your receipt of this Notice. This Notice provides information about how your medical information may be used and disclosed and describes your rights and our obligations. We

re required to abide by the terms of the Notice currently in effect. The Notice will be posted in clear and prominent locations and on our website (www.childrens.com). Any changes made to the lotice will be posted in the Patient Registration area, posted on our website, and the revised Notice will be provided to you upon request. If you have any questions about this Notice, please ontact Children's Privacy Officer at 214,456,4444, Thank you, Privacy Officer Children's Medical Center of Dallas This Notice explains how Children's, its employees, medical/dental staff, students nd trainees, volunteers, all departments and clinics, and other healthcare providers whose names will be made available upon request, may use and provide your Protected Health Information PHI) to others for treatment, payment, and healthcare operations as described below, and for other purposes allowed or required by law. PHI is information that you provide Children's or that recreate or receive about your healthcare. PHI contains a patient's age, race, gender, and other personal health information that may identify the patient. The information relates to the atient's past, present, or future physical or mental health and to related treatment, services, and payment for care. Understanding Your Health Information Each time you visit Children's, a ecord of your visit is made in order to manage the care you receive. Children's understands that PHI is personal, and the confidentiality of PHI is protected under both state and federal law. hildren's has an electronic health record and will not use or release your PHI without your written authorization, except as described in this Notice. Use or disclosure pursuant to this Notice may aclude electronic transfer of your PHI. Breach Notification In certain instances, you have the right to be notified in the event that Children's, or one of our business associates, discovers an nauthorized use or disclosure of your unsecured health information. Notice of any such use or disclosure will be made as required by state and federal law. Children's Use and Release of PHI Vithout Your Authorization The following section explains the various purposes Children's is permitted to use and release PHI. Treatment Purposes In providing healthcare services at Children's, our PHI may be shared with your treating healthcare providers to the extent necessary to provide treatment and care to you. These healthcare providers may include doctors, nurses, harmacists, labs, and other healthcare providers who are involved in your care both at Children's and at outside healthcare providers. Payment Purposes Children's may need to share your PHI a connection with payment for services you receive. For example, Children's may contact and share information with an insurance company, a government program, or other third parties to etermine eligibility status, obtain prior approval, determine if your health plan will pay for treatment, and to file claims. Healthcare Operations Purposes Children's may use and release your PHI or general healthcare operations purposes, including the following: • Quality Improvement Activities: Information may be shared to improve the quality or cost of care. For example, your PHI have be reviewed by Children's or outside agencies to evaluate and improve the quality of care and services we provide. • Medical Residents, Students and Trainees (Students) and Volunteers: tudents and volunteers may have access to your PHI for training, education, and service purposes as they participate in educational programs, training, internships, residency programs, or hildren's volunteer program. • Appointment Reminders: Children's may provide you with appointment reminders and inform you of treatment alternatives, benefits, or services related to your ealth. • Care Everywhere Program: Your PHI is kept in an electronic format and may be electronically shared with certain Children's healthcare partners. Care Everywhere is designed to link articipating facilities so that those facilities may have access to your PHI to coordinate care more easily. Participation is voluntary, unless required by law, and you may opt out of participation at ny time by noting this on the Protected Health Information section of the General Consent for Treatment and Acknowledgements form that you complete at registration or by contacting hildren's Privacy Office. If you opt out, your PHI will not be electronically shared with other healthcare partners. You can change your mind or withdraw consent at any time, unless disclosure is equired by law; however, Children's cannot take back information that has already been shared. • Health Information Exchange; Your electronic medical records may be shared with electronic lealth Information Exchanges (HIEs) (sometimes referred to as Regional Health Information Organizations or RHIOs). Participation is voluntary, unless required by law, and you may opt out of articipation at any time by noting this on the Protected Health Information section of the General Consent for Treatment and Acknowledgements form that you complete at registration or by ontacting Children's Privacy Office. If you opt out, identifiable PHI will not be shared with an HIE, unless required by law. An HIE is helpful if you require treatment at another facility that articipates with Children's in an HIE because it enables the other facility to gather PHI through the HIE to obtain your medical history and coordinate care. Unless disclosure is required by law. ou can change your mind and withdraw consent at any time; however, Children's cannot take back information that has already been shared. • Business Associates: There are some services that hildren's provides through contracts with third party business associates. Examples include transcription agencies and copying services. Your PHI may be disclosed to our business associates to erform the services they have been contracted to perform. To protect your PHI, Children's requires these business associates to appropriately protect your PHI in compliance with all laws. lospital Directory: Unless you object. Children's may include certain limited information about you in the hospital directory while you are in the hospital. This information may include your name. ocation in the hospital, general condition (for example: good, stable, critical, etc.), and religion. This information may be provided to members of the clergy. This information, except for religious ffiliation, may also be provided to people who contact the hospital and ask for you by name. If you do not wish to be included in the hospital directory, please check the box on the General onsent for Treatment and Acknowledgements form under Directory Information requesting you be designated a "no information patient." • Continuity of Care: Once you have been discharged, our information may be shared with other healthcare providers such as home health agencies and community services agencies in order to obtain their services on your behalf. Also, we may use our PHI to contact you with information about disease prevention and health management. Other Disclosure Purposes • Required by Law: Children's must report certain parts of your PHI to egal officials or authorities, including law enforcement, the court system, or government agencies. Examples include: reporting suspected abuse or neglect, domestic violence, or certain physical niuries, and responding to a court order, subpoena, warrant, or lawsuit request. • Public Health: Children's may be required to report certain parts of your PHI to public health authorities. xamples include reporting certain diseases, injuries, and birth or death information. Children's may also be required to report certain information to the Food and Drug Administration (FDA), or oformation related to child abuse or neglect. • Health Oversight Agencies: Children's may be required to release certain information to state or federal agencies so they can monitor, investigate. r discipline those who work in the healthcare system. • Research Purposes: Children's may use or release your PHI for research purposes. If you are involved in a research study, there will be a



specific approval process which includes your authorization to participate. In some instances, PHI may be used without your authorization, but your identifying information will not be released without your authorization. • Notification/Disaster Relief: Children's may use or release your PHI for disaster relief efforts. • Activities Related to Death: Children's may release your PHI for organ and tissue donation or to coroners, medical examiners, or funeral directors so they can carry out their duties related to death. Examples include: determining cause of death, and carrying out funeral preparation activities. • To Avoid Serious Threat to Health or Safety: Children's may use and disclose your PHI to the proper authorities when necessary to prevent a serious threat to

he health and safety of the public or another person. • Military: Children's may release your PHI to the proper requesting authorities if you are a member of the armed forces. • Law Enforcement ustody or National Security: Children's may release your PHI to a correctional institute or law enforcement official if you are under the custody of state or federal law enforcement officials or acarcerated, for the purpose of providing you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement official or orrectional institute. • Workers' Compensation: Children's may be required to release your PHI regarding workers' compensation benefits and activities. • Fundraising: Children's may use your mited PHI to contact you regarding fundraising for the purpose of and in conjunction with Children's mission to provide healthcare and make life better for children. You have the right not to eceive these communications. You may contact the Privacy Office if you want to exercise your right to not receive these communications. Children's will not condition your treatment on whether ou have agreed to receive fundraising communications. • Marketing: Children's may only use your PHI for limited marketing purposes as follows: face-toface communications, promotional gifts f nominal value, refill reminders, or to otherwise tell you about a drug related to your treatment or our healthcare operations as described in this Notice. Examples of these communications aclude: case management, care coordination, or treatment alternatives that may be available. Releases of Your PHI that Require Your Authorization Your authorization is needed for other uses nd disclosures of your PHI, except for the types of examples included under the exceptions described above. This includes, unless otherwise required by law, release of psychotherapy notes roader marketing purposes, sale of your PHI, HIV/AIDS information, substance abuse treatment records, and deceased patients' records. If you provide Children's the authorization to use or elease your PHI, you may revoke that authorization at any time; however, Children's cannot take back information that has already been shared. The authorization can be revoked by following he instructions described on the Authorization for the Inspection, Use, Disclosure and Release of Health Information form which can be obtained on our website at www.childrens.com or by ontacting the Privacy Office. Your Privacy Rights Your rights regarding your PHI are as follows: Right to receive this Notice of Privacy Practices You have the right to receive a copy of this Notice at ny time. You may obtain a paper copy of the current notice in all clinical areas or an electronic copy by visiting Children's website at www.childrens.com. Right to review and ask for a copy of our PHI You have the right to review and request copies of your medical records that may be used to make decisions about your care. Usually this includes medical and billing records, but there hav be exceptions for psychotherapy notes or information about third parties. You may request a paper or electronic copy of your medical record by visiting our Health Information Management epartment, by completing the Authorization for the Inspection, Use, Disclosure and Release of Health Information form located at www.childrens.com, or by contacting the Privacy Office. Also, ou can sign up for a MyChart account, which allows you to electronically access portions of your health information at www.childrens.com. Children's may charge you a fee to copy and/or mail our medical record to you as permitted by law. If we are able, we will provide an electronic copy to you within 15 days of your written request and receipt of appropriate fees. Right to request onfidential communications You have the right to specify that Children's communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we nly contact you by telephone at work, or that we only contact you by mail at home or by email. We will follow your request whenever it is reasonably possible. You can request an alternate lace for communication by completing the form Request for Alternative Communication of Health Information at the time of registration, or on Children's website at www.childrens.com, or by ontacting the Privacy Office at 214.456.4444 to request an alternate place for communication. Right to request restrictions You have the right to request restrictions or limitations on how your HI is used or released. We have the right to deny your request, except we must agree when the disclosure of PHI would be to a health plan if the disclosure of PHI is for payment or healthcare perations and is not otherwise required by law, and if the PHI is for a healthcare item or service which was paid in full by you, or was paid in full by a person, other than health plan, on your ehalf. You can complete the form Request for Restricting the Use or Disclosure of Health Information which can be found at www.childrens.com or by contacting the Privacy Office at 14.456.4444. Right to Amend You have the right to ask that your medical record at Children's be changed if it is not correct or complete. Children's does have the right to deny your request if: re did not create the information; we do not keep the information; you are not allowed to see and copy the information; or the information is already correct and complete. You may request a hange by completing the form Request for an Amendment of Health Information which can be found at www.childrens.com or by contacting the Privacy Office at 214.456.4444. Right to a ecord of Releases You have the right to request a record of releases (accounting of disclosures) when Children's has disclosed your PHI. You can request a record of releases of your PHI by ubmitting the form Request for an Accounting of Disclosures of Health Information to the Health Information Management Department. This form can be found at www.childrens.com or by ontacting the Privacy Office at 214,456,4444. If you request this record of releases more than once per year. Children's may charge a fee for providing the list. The list will contain only information that is required by law. This list will not include releases for treatment, payment, and healthcare operations, or releases that you have authorized. Questions or Complaints If you ave questions regarding your privacy rights, please call Children's Privacy Office. If you believe your privacy rights have been violated, you may file a complaint by contacting Children's Privacy officer through Children's HIPAA Hotline at 214.456.4444, by e-mail at privacy@childrens.com, or with the Secretary of Health and Human Services. You will not be penalized for filing a omplaint. Privacy Officer Contact Information: Privacy Officer Children's Medical Center of Dallas 1935 Medical District Drive Dallas. TX 75235 214.456.4444

To obtain a complete copy of records from a telemedicine services visit, you may access via MyChart or must request those records from the Children's Health - Health Information Management department at 214-456-2509.