



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.

WHAT IS A NOTICE OF PRIVACY PRACTICES?

When you receive care and services at The Children's Mercy Hospital and Clinics (CMH), we create a record of your visit which includes your health information. We understand that this protected health information is personal to you, and are committed to protecting the privacy of your health information. This Notice of Privacy Practices (Notice) describes how health information about you may be used and disclosed and how you can get access to this information.

MY CHILD IS YOUNGER THAN 18 YEARS OLD. WHAT ARE HIS/HER RIGHTS?

If you are a parent or legal guardian receiving this Notice because your minor child receives care at CMH, please understand the term "you" and "your" in this Notice refers to the patient and the privacy of his/her health information. Patients younger than the age of 18 are usually considered minors. Most of the time, the parents or legal guardians of minor patients make decisions about their child's medical care, control release of their child's health information and have the privacy rights described in this Notice. However, there may be times when minor patients can make decisions about their own care under applicable law. In such situations, the minor patient holds the rights under this Notice.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will let you know if a breach occurs that may have compromised the privacy or security of your health information.
- We will not use or share your health information other than as described in this Notice, unless you tell us we can in writing. If you tell us we can in writing, you may change your mind at any time. Let us know in writing if you change your mind.

WHO MUST FOLLOW THE RULES IN THIS NOTICE?

This Notice applies to your protected health information generated by The Children's Mercy Hospital and Clinics and its health care providers and staff, and all related organizations generating your health information at CMH including, but not limited to health care entities and providers contracted by CMH, and Children's Mercy Integrated Care Solutions. CMH and its related organizations will share your health information with each other, as necessary to carry out treatment, payment or health care operations relating to the organized health care arrangement.

OUR USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We may use and share your health information for certain reasons without your permission.

We typically use or share your health information in the following ways:

Treatment: We can use and share your health information with other health care providers for your care.
Example: *A doctor treating you for an injury asks another doctor about your overall health condition.*

Payment: We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Health care operations: We can use and share your health information for our health care operations, to improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

We may also use or share your health information in other ways, usually in ways that contribute to the public good:

Required by law: We may use or share your health information as required by federal, state or local law, including with the Department of Health and Human Services (DHHS) if it wants to see that we are complying with federal privacy law.

Public health activities: We may use or share your health information for public health activities including, but not limited to:

- Preventing or controlling disease, injury, or disability.
- Helping with product recalls, repairs or replacement and post marketing surveillance.
- Reporting adverse reactions to medications or medical devices and product defects or problems.
- Reporting a suspected case of child abuse, neglect or domestic violence
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- When providing a health care service to you at the request of your employer, we may share your health information to the employer for purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs the information to comply with the Occupational Safety and Administration (OSHA), the Mine Safety and Health Administration (MHSa) or other similar state law.
- A school, about an individual who is a student or prospective student, if the health information shared is limited to proof of immunization.

Protective Services: In addition to reporting for public health activities, we may share your health information to report known or suspected abuse, neglect or domestic violence, to the extent the disclosure is authorized by law or you agree to the disclosure.

To prevent a serious threat to health or safety: We may use or share health information about you when necessary to prevent a serious threat to your health or safety or the health or safety of another person or the public.

Health oversight activities: We may share your health information to health oversight agencies for purposes of legally authorized health oversight activities such as audits, investigations, inspections, certain proceedings or actions, and licensing purposes.

Judicial and administrative proceedings: We may share your health information in connection with judicial or administrative proceeding, such as in response to a (i) court order or administrative order, or (ii) subpoena or other similar request authorized by law.

Law enforcement: We may share your health information to law enforcement officials for law enforcement purposes. For example:

- As required by law (including pursuant to a court order, court-ordered warrant, subpoena or summons, administrative request);
- To identify or locate a suspect, fugitive, material witness or missing person;
- In response to a law enforcement official's request for information about a victim or suspected victim of a crime;
- To alert law enforcement of a person's death if we suspect the death may have resulted from criminal conduct;
- When we believe that the health information is evidence of a crime that occurred on this facility's premises;
- In a medical emergency not occurring on the facility's premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of a crime or crime victims or the perpetrator of a crime.

Coroners, medical examiners and funeral directors: We may share health information with coroners or medical examiners for the identification of the body, to determine cause of death or other duties as authorized by law. We may share health information with funeral directors to carry out their duties.

Organ, eye and tissue procurement: We may share health information with organ procurement organizations or other entities that handle organ, eye, and tissue procurement, banking or transplantation, as necessary to facilitate organ, eye or tissue donation and transplantation.

Research: CMH conducts research to learn more about health and disease. We may use or share health information for health research. For example:

- To review health information as necessary to prepare for research, such as deciding if a research project can be done or determining eligibility for a particular research study and to contact you to see if you might be interested in participating in that study;
- To perform a research project if (i) the information does not include your name or other information that directly identifies you, and (ii) the researcher agrees to protect your information;
- We may use a deceased patient's health information for research; and
- If a special committee at CMH, the Institutional Review Board, approves of the use or disclosure. This committee works with the researcher to protect the privacy of your health information.

Special government functions: We may share health information about you deemed necessary by the appropriate governmental authority to carry out government functions such as military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations and correctional institution and other law enforcement custodial activities.

Workers' compensation: We may share health information about you with workers' compensation or other similar programs that provide benefits for work-related injuries.

Treatment and operations communications: We may also use and share your health information:

- To provide you with information about treatment alternatives, therapies, health care providers or settings of care;
- For case management or care coordination; and
- To tell you about health-related benefits and services.

Correctional institution: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the institution or official. This disclosure must 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.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

You generally have the right to agree or object to the following uses and disclosures. We may rely on your informal permission to use and share information. If you are not able to tell us your preference, for example if you are unconscious or in an emergency situation, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **Hospital directory:** Unless you tell us that you object, we will place your name, location in the facility, general condition, and religious affiliation in our inpatient directory. We may use or share this information with members of the clergy, and except for religious affiliation, to people who ask for you by name, including members of the news media.
- **Individuals involved in your care or payment for your care:** Unless you tell us that you object, we may share your health information with your family member, other relative, a close personal friend, or other persons identified by you, if that person is involved in your medical care.
- **Notification:** We may use or share information to notify, or assist in the notification of, a family member, personal representative, or another person responsible for your care of your location, general condition or death.
- **Disaster Relief:** We may share health information about you to public or private agencies for disaster relief purposes.

Additional uses and disclosures for which you may opt-out:

- **Fundraising communications:** We may use and share limited health information to contact you about our fundraising activities. Information that we may use or share for our fundraising activities includes your name, address, age, gender, date of birth, other contact information, dates when you received care at the facility, the name of your treating physician, your general department of service, your treatment outcomes, and health insurance status. Any fundraising communications you receive from us will include information about how you can be removed from our contact list. We fundraise to support advances in pediatric care, research and education, and to provide many special services and programs to our patients and the community.
- **Health information exchanges:** We participate in health information exchanges (HIEs) and may use or share your health information with HIEs. An HIE is an electronic method to share health information about your care with your other health care providers. You may obtain more information about the HIEs or opt-out by contacting the CMH Patient Access Department.

In certain cases, we never share your health information unless you give us written permission or as otherwise provided for under federal law:

- **Marketing purposes.**
- **Sale of your health information.**

Certain types of highly sensitive health information are given additional protection under federal and state laws. We may be required under these laws to obtain your written permission to share the following:

- **Psychotherapy notes** written and kept by your therapist, except for purposes related to treatment, payment, health care operations, or as allowed or required by law.
- **Genetic information** under certain circumstances.
- **HIV testing or status** under certain circumstances.
- **Substance abuse treatment information** under certain circumstances.

YOUR PRIVACY RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Inspect and obtain a copy your health record. To inspect and copy your health information, you must submit your request in writing to the CMH Health Information Management Department. We will provide you a copy or a summary of your health information, usually within thirty days of your request. We may charge a reasonable, cost-based fee.

Request restriction of certain uses and disclosures of your information. You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment, or our operations. You also have the right to request a limit on the health information we share about you with someone who is involved in your care or the payment for your care, such as a family member or friend. Any request for a restriction must be sent in writing to the CMH Director of Health Information Management and must specify (1) what information you wish to restrict or limit, (2) whether you want to restrict or limit our use, disclosure or both, and (3) to whom the limit applies. We are required to agree to your request only if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, or (2) your health information pertains solely to health care services for which you (or another person on your behalf) have paid out-of-pocket in full. For all other requests, we are not required to agree.

Obtain a paper copy of this Notice of Privacy Practices upon request. You can ask the CMH Patient Access Department or CMH clinic registration staff for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

Request amendments to your health record. You can ask us to correct health information about you that you think is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for us. Any request for an amendment must be sent in writing to the CMH Health Information Management Department and must include the reason for your amendment request. We may say “no” to your request, but we’ll tell you why in writing.

Request a record of disclosures. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those than treatment, payment or health care operations, and certain other disclosures (such as disclosures made pursuant to an authorization by you). You must submit your request for accounting in writing to the CMH Health Information Management Department and include a time period and in what form you want the list (i.e. paper or electronic). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Request confidential communications of health information. For example, you can request a different phone number or address be used for communications or request an alternative way to provide your information, such as in on-line, answering questions in writing, etc. You must submit your request in writing to the CMH Patient Access Department. We will accommodate your reasonable requests receive communications of your health information by other means or at other locations.

Choose someone to act for you. If you have given someone health care power of attorney or if someone is your legal guardian under applicable state law, that person is your “personal representative” for purposes of this Notice and can exercise your rights under this Notice. However, we may choose not to treat a person as your personal representative if CMH or your physician reasonably believes that the person might endanger you in situations of domestic violence, abuse, or neglect.

CONTACTING YOU

We may contact you by mail, email, telephone or other electronic means to:

- Cancel, reschedule or remind you about your appointment.
- Inform you that your prescription is ready for pick-up.
- Give you instructions about how to prepare for a procedure or care for your health.
- Tell you about our services and fundraising programs.
- Notify you in the event of a breach of your health information.

If you are not available, or unless you tell us otherwise (see *Right to Request Confidential Communications of Health Information*), we may leave a message on your answering machine or with a person who answers your telephone.

MINOR CHILDREN AND PARENTAL ACCESS TO INFORMATION

We will not restrict another parent's access to his or her minor child's health information unless court papers are provided. The court papers must state specifically that the parent's parental rights have been severed or that the parent cannot receive any health information regarding the child. Orders of protection will be honored when the order includes the patient.

CHANGES TO THIS NOTICE

We reserve the right to change the term of this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. Should our health information privacy practices change, we will post the revised Notice on our web page (www.childrensmercy.org), throughout our facilities, and will have copies available for you.

TO FILE A COMPLAINT OR FOR QUESTIONS REGARDING THIS NOTICE

If you believe your privacy rights have been violated, you may file a complaint with the CMH Privacy Officer either by telephone or in writing. You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office for Civil Rights. Information on how to file a complaint with this government agency may be found at <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>. We will not retaliate against you for filing a complaint.

If you have questions or would like additional information about this Notice, you may contact the CMH Privacy Officer.

CONTACT INFORMATION

Privacy Officer

The Children's Mercy Hospital
Attn: Privacy Officer
2401 Gillham Road
Kansas City, MO 64108
816-234-3455
PrivacyOfficer@cmh.edu

Health Information Management Department

The Children's Mercy Hospital
Attn: HIM Director
2401 Gillham Road
Kansas City, MO 64108
816-701-4573

Patient Access Department

The Children's Mercy Hospital
Attn: Patient Access Department
2401 Gillham Road
Kansas City, MO 64108
816-234-3567

Effective Date: January 1, 2018

NOTICE OF NONDISCRIMINATION

The Children's Mercy Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Children's Mercy Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The Children's Mercy Hospital:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified medical interpreters
 - Information written in other languages

If you need these services, contact The Children's Mercy Hospital Language Services Department at: 816-234-3474.

If you have indicated your need for interpreter services at the time of scheduling, interpreter services will be coordinated for you in advance. However, should you need interpreter services at another time, please contact The Children's Mercy Hospital at the above phone number.

If you believe that The Children's Mercy Hospital 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:

Patient Advocate Department
2401 Gillham Road
Kansas City, MO 64108
Phone: 816-234-3119
Fax: 816-460-1091
Email: patientadvocate@cmh.edu

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Patient Advocate Department 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/phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services for MO and KS

English	Children's Mercy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you speak English, language assistance services, free of charge, are available to you. Call 816-234-3474.
Spanish	Children's Mercy cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 816-234-3474.
Chinese	Children's Mercy 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 816-234-3474。
Vietnamese	Children's Mercy tuân thủ luật dân quyền liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 816-234-3474.
Serbo-Croatian	Children's Mercy pridržava se važećih saveznih zakona o građanskim pravima i ne pravi diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola. OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 816-234-3474.
German	Children's Mercy erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 816-234-3474.
Korean	Children's Mercy 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다. 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 816-234-3474 번으로 전화해 주십시오.
French	Children's Mercy respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap. ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 816-234-3474.
Laotian	Children's Mercy ປະຕິບັດຕາມກົດໝາຍລັດວິນັດທີ່ພົບວ່າຂອງສະຫະລັດອາເມລິກາກ່ຽວກັບໃຊ້ ແລະ ບໍ່ຈຳແນກເດມອຣິງໃນຊຸມຊົນຖານະເຊື້ອຊາດ, ສີເມັດ, ຊາດກຳເນີດ, ອາຍຸ, ອາການພິການ, ຫຼື ພັນ. ໂປດຄູອຸ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີບໍລິການໃຫ້ທ່ານ ໃນເສ 816-234-3474.
Arabic	Children's Mercy يقرائين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس. بلترم 3474-234-816 حصل رقم ات.
Tagalog (Filipino)	Sunusunod ang Children's Mercy sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian. PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tunawag sa 816-234-3474.
Burmese	Children's Mercy မှာ ဟုတ်အတိုင်းနှင့် သက်ဆိုင်သော အများပြည်သူ့ စည်းကမ်းများနှင့် လက်တွေ့ အသုံးပြုသည့် သဘောလူမျိုး အသားရောင်၊ များစွာသည့်နိုင်ငံ၊ အသက်၊ မသန်စွမ်းခြင်း၊ သို့မဟုတ် ငွေ နှင့် ဟတ်သက်ခြင်း၊ ခြိမ်းခြောက်မှု အလျဏ်းမရှိခြင်း သတ်ပြခြင်း - အကယ်၍ သင်သည် ခြိမ်းခြောက်မှုကို မြင်ပါက၊ သာသနာရေး အဖွဲ့အစည်း အဖွဲ့ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးမည်။ ဖုန်းနံပါတ် 816-234-3474 သို့ ဝေဖ်ဆိုပါ။
Persian (Farsi)	Children's Mercy از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، تاتوایی یا جنسیت افراد قابل نمی شود. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 816-234-3474 تماس بگیرید.
Pennsylvania Dutch	Children's Mercy iss willich, die Gsetze (federal civil rights) vun die Owwerichkeet zu folliche un duit alle Leit behandle in der seem Weg. Es macht nix aus, vun wellem Schtamm ebber beikummt, aus wellem Land die Voreldre kumme sinn, was fer en Elt ebber hot, eb ebber en Mann iss odder en Fraa, verknippelt iss odder net. Wann du [Deutsch (Pennsylvania German / Dutch)] schwetscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff. Call 816-234-3474.

Oromo	Children's Mercy Seera hariiroo hawwaasummaa Federaalaan wal qabatan sanyiidhaan, bifaan, dhiigaan, umriidhaan, hiri'ina qaamaan, yookiin koomiyaadhaan hin loogu. XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltidhaan ala, ni argama. Bilbilaa 816-234-3474.
Portuguese	Children's Mercy cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 816-234-3474.
Amharic	Children's Mercy የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሊሆን ለምትችልበት ሰነድ፣ ሰነድ ቀለም፣ ሰነድ ሃረግ፣ በእድሜ፣ በእኩል ጉዳት ወይም በጾታ ማዕከላዊ ለውጥ አያገለግልም። ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ደርጅቶቹ፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 816-234-3474.
Japanese	Children's Mercy は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。816-234-3474 まで、お電話にてご連絡ください。
Russian	Children's Mercy соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 816-234-3474.
Hmong	Children's Mercy ua raws cov kev caijij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeeb cov cai (Federal civil rights laws) thiab tsis ciav-cais Ieejtwg vim nws hom neeg, nqajj tawv, lub tebchaws tnej, huub nyoog, kev tsis taus, los yog poj niam txiv. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 816-234-3474.
Swahili	Children's Mercy ametimiza mahitaji ya sheria za serikali kuu na hana ubaguzi wa kikabila, rangi, asili, umri, ilemavu ama jinsia. KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 816-234-3474.