



## NOTICE OF PRIVACY PRACTICES

This Notice describes how your medical information can be used or released and how you can get access to this information. Please review this Notice carefully.

### The All Children's Health System

All Children's includes all the following: All Children's Hospital, Inc.; SurgiKid of Florida, Inc.; All Children's Specialty Care Centers; All Children's Therapy Centers; Kids Home Care, Inc.; Pediatric Physicians Services, Inc.; West Coast Neonatology, Inc.; All Children's Research Institute, Inc.; and All Children's Physician Hospital Organization, Inc. All Children's will follow the terms of this Notice and may be referred to as "we", "us", or "our". All Children's includes health care professionals, volunteer groups, employees, medical staff members, affiliated students and others.

### Our pledge regarding your medical information.

We understand that your medical information is personal. We create a record of the care and services you receive from us. This record is needed for your care and to comply with legal requirements. We are committed to protect your medical information.

This Notice applies to all of your medical information that we create and maintain. Your doctors may have a different approach regarding their use and release of your medical information. This Notice will tell you about the ways in which we are allowed to use and release your medical information. We also describe your rights and requirements we have. We are required to make sure that your medical information is kept private, to give you this Notice, and to follow the terms of the Notice.

### Routine uses and releases of your medical information. (These examples do not include every possible situation.)

For Treatment. We may use your medical information to provide and coordinate your treatment or services. For example, the doctor treating your broken leg needs to know if you have diabetes because that may slow the healing process. Your doctor needs to tell the dietitian if you have diabetes so that we can arrange for the correct meals. Your medical information will be shared within All Children's to coordinate your care, such as prescriptions, lab work and x-rays. Your medical information may be released to people outside All Children's who are involved in your care.

For Payment. We may use and release your medical information to receive payment for the services we provide. We may bill you, an insurance company or someone else involved with you. Your health plan may request medical information to provide approval for the services we will provide to you.

For Health Care Operations. We may use and release your medical information to support our operation. These activities include, but are not limited to, quality improvement, development of care guidelines, and education. There are some services we may provide through contracts with our business partners. For example, your medical information may be shared with the Ronald McDonald House, the Society of Thoracic Surgeons, collection agencies or an outside company that conducts our patient satisfaction survey.

Other uses and releases of your medical information. Below are ways we may use and release your medical information without your permission. If this happens, only medical information that is relevant to your health care will be released.

Hospital Directory. We include information about you in our hospital directory while you are a patient. This information only includes your name and location in the hospital. Directory information is released to people who ask for you by name. This is so your family and friends can visit you in the hospital. If you do not want us to include your information in the directory, you must tell us during the registration process. If you decide after registration, notify our Privacy Officer in writing.

Health Related Benefits and Services. We may send you information that is related to your health care needs. This information will tell you about activities or services that may be of interest to you such as upcoming health fairs. If you prefer not to receive this type of information, notify our Privacy Officer in writing.

Fund raising Activities. We may share information such as your address or phone number with the All Children's Hospital Foundation. Our Foundation may use this information to contact you about raising funds for events such as our annual Telethon. In these instances, we only would release contact information to our Foundation, such as your name, address and phone number and the dates you received treatment or services. Our Foundation would contact you for permission to use any of your medical information. If you prefer not to be contacted for fund raising efforts, notify our Privacy Officer in writing.

### How we are required to use and release medical information without your permission .

There are times when we are required to use or release your medical information without your written permission. For example, we may give out your medical information for public health purposes, suspected abuse or neglect reporting, funeral arrangements, organ donation, emergencies and more. We may also use and release your medical information for research purposes. In some cases, we may disclose your information to researchers, such as the Society of Thoracic Surgeons, to help them identify prospective patients or studies, so long as the medical information they review does not leave our control. We will act in accordance with laws related to releasing information for research purposes.

### Other uses and releases.

Other uses and releases of medical information not covered by this Notice will be made only with your written permission. If you provide us permission to use or release your medical information, you may end that permission, in writing, at any time. If you end your permission, we will no longer use or release your medical information for the reasons covered by your written permission. You must understand that we cannot take back any releases we have already made with your permission.

### Your privacy rights.

Right to Inspect and Copy. In most cases, you have the right to look at or get a copy of your medical information. Your medical information includes information that is used to make decisions about your health care and the payment for services. You can receive this information by submitting a written

request to our Health Information Management Department. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. We try to make all reasonable requests. If we deny your request, you may submit a written request for a review of that decision.

Right to Amend. If you feel that any information is incorrect or incomplete, you may ask us to amend our records. Your request must be made in writing and submitted to our Health Information Management Department. You must provide a reason that supports your request. We may deny your request for an amendment. If we deny your request, you can appeal our decision, in writing.

Right to an Accounting of Disclosures. You have the right to a list of those instances where we have released your medical information. This list will not include any releases we made for treatment, payment, and/or health care operation purposes. This accounting will not include releases made directly to you, that you gave permission, and to family members or friends involved in your care. You must submit your request in writing to our Health Information Management Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your first list in any given 12-month period is free. We may charge for any additional lists according to our cost of producing the list.

Right to Request Limits. You may request a limitation on how we use or release your medical information. This right applies to uses and releases of your medical information for treatment, payment or health care operation purposes. You may also request that part of your information not be disclosed to family or friends involved in your care. We will review all requests but we may not honor them. You must make your request in writing to our Health Information Management Department. In your request, you must tell us what information you want to limit and to whom this limitation applies.

Right to Request Confidential Communications. You have the right to request that we communicate with you about some things in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to our Health Information Management Department. We will not ask you the reason for your request. We will honor all reasonable requests.

Right to Receive a Paper Copy of this Notice. If you received this Notice electronically, you have the right to request and receive a paper copy of this Notice at any time by notifying our Privacy Officer in writing.

#### Special section for minors and persons with guardians.

This Notice also applies to minors and some disabled adults. They enjoy the same basic privacy protections for their medical information. However, because they usually cannot make health care decisions for themselves, a parent or a guardian can make decisions on their behalf. Parents or guardians can permit the use and release of this medical information. Parents or guardians may also hold all rights listed in this Notice including the right to inspect and copy and the right to amend.

There are some situations where minors can make independent health care decisions without parental or guardian knowledge or permission. It is important to note in these situations that the minor may be the only one to permit the use and release of medical information. The minor may hold all rights listed in this Notice with respect to the independent health care decision. If the minor chooses to inform the parent or guardian and obtains their permission for the independent health care decision, then all of the privacy rights regarding the medical information may transfer to the parent or guardian. There are also some situations where access, use and/or release of a minor's health information may occur without the permission of the parent or guardian. These situations are usually when the health or safety of the minor is in danger and medical information is necessary to appropriately protect the minor.

#### Changes to this Notice.

We may change this Notice. We reserve the right to make the changed Notice effective for medical information we already have about you as well as any information received in the future. We will post a copy of the current Notice in key locations throughout All Children's. You may obtain a new Notice by accessing our website at [www.allkids.org](http://www.allkids.org) or by obtaining a copy at the time of your next appointment.

#### Privacy Complaints.

If you have any privacy complaints regarding your visit, please contact the appropriate Department Director. If you think that your privacy rights may have been violated, notify our Privacy Officer. You may also send a written complaint to the Office of Civil Rights. You will not be penalized for filing a complaint.

#### How to contact us

All mail to our Privacy Officer should be sent to the following address:

All Children's Health System, Inc.  
ATTN: Privacy Officer - Box 9505  
801 Sixth Street South  
St. Petersburg, Florida 33701

All mail to our Health Information Management Department should be sent to the following address:

All Children's Health System, Inc.  
ATTN: Health Information Management Department - Box 7680  
801 Sixth Street South  
St. Petersburg, Florida 33701

All Children's main telephone numbers are (727) 898-7451 or (800) 456-4543, if you are calling from out of area.