



NATIONWIDE CHILDREN'S

When your child needs a hospital, everything matters.®

NATIONWIDE CHILDREN'S AFFILIATED COVERED ENTITY NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how all patients of the affiliated entity can get access to this information. Please review this notice carefully.

I. Affiliated Entities Covered By This Notice

This Notice of Privacy Practices ("Notice") covers the Nationwide Children's Hospital's Affiliated Covered Entity ("ACE"). The Nationwide Children's Hospital ACE (also referred to as "we" or "us" in this Notice), includes the following entities:

- Nationwide Children's Hospital
- Center for Child and Family Advocacy at Nationwide Children's Hospital d.b.a. Center for Family Safety and Healing
- Children's Radiological Institute
- Pediatric Pathology Associates of Columbus
- Pediatric Academic Association, Inc.
- Children's Anesthesia Associates, Inc.
- Children's Surgical Associates Corporation
- Children's Psychiatrists, LLC
- Children's Physical Medicine and Rehabilitation Physicians, LLC
- Nationwide Children's Hospital Toledo, LLC
- Children's Newborn Medicine, LLC
- Northwest Pediatric Specialists, LLC
- Children's Community Practices, LLC
- Northwest Community Practices II, LLC

Federal law requires that we maintain the privacy of your Protected Health Information PHI and provide to you this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change this Notice of Privacy Practices and to make any new practices effective for information we already have and for information that we receive in the future. Any changes made to this Notice of Privacy Practices will be posted in the Patient Registration area, posted on our website (www.nationwidechildrens.org), and made available to you at your next appointment.

II. Organized Health Care Arrangement

We have agreed to participate in an organized health care arrangement ("OHCA") with Bon Secours Mercy Health, Inc. ("BSMH").

We will share PHI with each participant in the OHCA to carry out treatment, payment, or health care operation relating to the OHCA, as otherwise permitted by applicable law, or as stated in this Notice of Privacy Practices. We will do so through access to a shared electronic health record ("EHR"). The OHCA applies to any affiliate of the Nationwide Children's Hospital Affiliated Covered Entity that uses the BSMH shared electronic record.

This Notice does not create an agency relationship, a joint venture, or any other legal relationship between any affiliate of Nationwide Children's Hospital ACE and BSMH, and neither party shall be liable for the acts or omission of the other.

III. To what information does this Notice apply?

Protected Health Information or PHI is information that you provide us or that we create or receive about you that relates to the patient's past, present or future physical or mental health condition; the provision of health care to the patient; or the past, present, or future payment for the provision of health care to a patient. PHI includes demographic information including a patient's name, address, age, race, and sex.

IV. Ways We Can Use or Share Your PHI For Treatment, Payment and Health Care Operations

We can use or share your PHI without your written permission (Authorization) for many activities that are common in hospitals. For instance, we do not need an Authorization from you for the following uses and disclosures:

For Treatment. We use and share your PHI to provide care and other services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health-related benefits and services that might interest you. We may also share PHI with other doctors, nurses, and others involved in your care.

To Obtain or Provide Payment. We may use and share your PHI to receive payment for services that we provide to you. For example, we may share your PHI to request and receive payment from Medicare, Medicaid, your health insurer, Health Maintenance Organization (HMO), or other company or program that arranges or pays the cost of some or all of your health care ("Your Payor") and to confirm that Your Payor will pay for health care.

To Conduct Health Care Operations. We may use and share your PHI for our health care operations, which include management, care coordination, planning, and activities that improve the quality and lower the cost of the care that we deliver. For example, we may use PHI to review the quality and skill of our physicians, nurses, and other health care providers. We may use your PHI to conduct quality assessment and improvement activities, including outcomes evaluation and the development of clinical guidelines.

We may also use your PHI to participate in population-based activities relating to improving health or reducing health care costs. Also, we might use your PHI to provide you information on health-related programs or products such as alternative medical treatments and programs.

V. Disclosures You May Authorize Us to Make

We will not use or share your PHI without your authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose PHI for marketing without your written authorization. We may not sell PHI without your written authorization. You may give us written authorization to use and/or disclose PHI to anyone for any purpose. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time.

VI. Uses and Disclosures in Which You Have An Opportunity to Object

Use or Disclosure for Directory of Patients We may include your name, location in the hospital, general health condition and religious affiliation in a patient directory without receiving your written authorization unless you tell us you do not want your information in the directory. Information in the directory may be shared with anyone who asks for you by name or with members of the clergy; however, religious affiliation will only be shared with members of the clergy.

Disclosure to Relatives, Close Friends and Your Other Caregivers. We may share your PHI with your family member/relative, a close personal friend, or another person who you identify if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, or you are not able to agree or disagree to our sharing your PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.

Fundraising Communications. We may share with our fundraising staff limited demographic information about you (e.g., name, address, other contact information, age, gender, date of birth), including the dates on which we provided health care to you, department of service information, treating physician, outcome information, and health insurance status without your written authorization. We may contact you with information about the importance of contributions to Nationwide Children's Hospital and invite you to participate. If you do not want to receive any fundraising communications in the future, you may opt out of receiving such communications by contacting the Privacy Office at the contact information below.

Health Information Exchange. We participate in the State of Ohio's approved health information exchange ("HIE"), and may electronically share your health information for treatment, payment and healthcare operations purposes with other authorized participants in this HIE. HIEs allow your health care providers to access and use your pertinent medical information necessary for treatment and other lawful purposes. Only authorized individuals may access and use your health information from the approved HIE. The State of Ohio's approved HIE maintains appropriate administrative, physical and technical safeguards to protect the privacy and security of your health information. Upon request, you may "opt-out" of HIE participation, in full or in part. The opt-out form is available by calling 614-355-0777 to request a copy. If you do not opt out, we may provide your health information to an approved HIE in which we participate in accordance with applicable law. Your decision to opt-out of participation in the approved HIE, in full or in part, may result in a health care provider not having access to information that is necessary for the provider to render appropriate care to you.

VII. Other Specific Uses and Disclosures Which We Are Required to or Permitted to Make

When Legally Required. We will disclose your PHI when required by any Federal, State or local law.

- A. Public Health Activities.** We are required or are permitted by law to report PHI to certain government agencies and others. For example, we may share your PHI for the following:
 - a. to report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
 - b. to report known or suspected abuse or neglect to the appropriate public child protective services agency, as we are required to do by law;
 - c. to report information about products and services to the U.S. Food and Drug Administration;
 - d. to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
 - e. to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
 - f. to prevent or lessen a serious and imminent threat to a person for the public's health or safety or to certain government agencies with special functions such as the State Department.
- B. Health Oversight Activities.** We may share your PHI with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicaid, are being followed.
- C. Judicial and Administrative Proceedings.** We may share your PHI in the course of a judicial or administrative proceeding in response to a court order or other lawful process.
- D. Law Enforcement Purposes.** We may share your PHI with the police or other law enforcement officials as required or permitted by law or in compliance with a court order or warrant.
- E. Correctional Facilities.** We may share your PHI if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if 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.
- F. Decedents.** We may share PHI with a coroner or medical examiner as authorized by law.
- G. Organ and Tissue Procurement.** Consistent with applicable law, we may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.
- H. Research.** We may use your PHI for research. Before we disclose any of your PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process.
- I. Workers' Compensation.** We may share your PHI as permitted by or required by state law relating to workers' compensation or other similar programs.
- J. As required by law.** We may use and share your PHI when required to do so by any other law not already referred to above.

VIII. Uses and Disclosures Requiring Your Written Authorization

We will not use or disclose your PHI without authorization, except as described in this Notice. You may give us written authorization to use and/or disclose health information to anyone for any purpose. Our use or disclosure will be consistent with such written authorization. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time.

In certain other situations, we must have your written authorization to use and/or share your PHI.

- A. Marketing.** We must obtain your written authorization prior to using your PHI for marketing materials, except if the communication is in the form of a face-to-face communication made by us to an individual, or a promotional gift of nominal value provided by us. If the marketing involves financial payment to us from a third party, the authorization will state that such payment is involved. However, we may communicate with you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, health care providers, or care settings without your permission.

- B. Sale of PHI.** We must obtain your written authorization prior to selling your PHI, or in the instance that disclosure of your PHI will result in remuneration to us.
- C. Uses and Disclosures of Your Highly Confidential Information.** Federal and state law requires special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, Treatment and referral; (4) about HIV/AIDS testing, diagnosis or Treatment; (5) about sexually transmitted disease(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about sexual assault; or (9) In vitro Fertilization (IVF). For any of the foregoing, we must obtain your written authorization for any use or disclosure, except to carry out certain treatment, payment, or health care operations. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

IX. Patient Rights

- A.** You have the right to be informed of our privacy practices. Our practices related to protecting the privacy of your health information are described in our Notice of Privacy Practices (NOPP). The NOPP describes how we use your information to provide treatment to you, to obtain payment for that treatment and for our internal business operations. You will be given the opportunity to obtain a paper copy of the NOPP anytime you visit. When you first become our patient, we will obtain your acknowledgement indicating that you have been given the opportunity to review and/or obtain a paper copy of our NOPP. A current version of our NOPP can also be viewed on our website at www.nationwidechildrens.org.
- B.** Right to a Personal Representative. You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care if it allows such person to act when you are unable to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.
- C.** You have the right to request access to your health information.
- You have the right to see and obtain a copy of health information that may be used to make decisions about you, such as nurse’s notes, lab tests, prescriptions, and treatment plans. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. The request form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0777 to request a copy. We may charge a reasonable fee for any copies.
 - In certain limited circumstances, we may deny your request to inspect and copy your health information. For example, you may not read or be given a copy of psychotherapy notes; information collected for use in a civil, criminal, or administrative action, or court case; and certain PHI that is protected by law. In some situations, you may have the right to have this decision reviewed. Please contact the Health Information Management Department at 614-355-0777 if you have questions about access to your medical record.
- D.** You have the right to request that we disclose your health information to others.
- If you would like some of your health information sent to someone else, for example to another physician or to your employer, you will need to complete our authorization form indicating that you agree to our disclosing (providing) the information to the others you select. The authorization form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0777 to request a copy.
 - Once you authorize us to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization at any time, in writing, by mailing or emailing your revocation to the address below, except if we have already acted based on your authorization.
 - If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- E.** You have the right to request to amend your health information.
- You have the right to ask to amend health information we maintain about you if you believe the health information is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. The amendment form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0711 to request a copy. Fax, e-mail or mail your request to the address listed below. We will review the information as requested and either make the correction or let you know why we think our information is correct. If we deny your request, you may give us a written statement disagreeing with our decision that we will keep with your health information.
- F.** You have the right to request to receive communications related to your health in another way or at other locations.
- We normally send your healthcare information to the address and phone numbers you have provided. However, if you would like to have the information sent elsewhere to protect your privacy, you may do so. We will not ask you to explain why you are making the request. We will agree to reasonable requests. To carry out the request, we will ask you for another address or another way to contact you, for example, mailing to a post office box. The confidential communication form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0711 to request a copy. Mail or email your request to the address listed below or turn in your completed form at any Patient Registration location.
- G.** You have the right to request restrictions on the use and disclosure of your health information.
- You have the right to ask to restrict uses or disclosures of your health information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Although we may consider your request, please be aware that we are under no obligation to accept it or abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. The restriction request form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0711 to request a copy. Mail or email your request to the address listed below.
 - If you pay out of pocket in full for specific services, you may request that PHI about that service not be disclosed to your health plan. The “Do Not Bill Insurance” form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0711 to request a copy. Turn in your completed form at any Patient Registration location.
 - We may also have policies on minors that permit your minor child to request certain limits on your access to their health information.
- H.** You have the right to request an accounting of people to whom we have disclosed your health information. You have the right to receive an accounting of certain disclosures of your health information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or custodial law enforcement officials; (iv) for our patient directory or to person’s involved in your care; and (iv) other disclosures for which federal law does not require us to provide an accounting. The accounting request form is available by mail at the address below, can be downloaded from our website, or you may call 614-355-0711 to request a copy. Mail or email your request to the address listed below.
- I.** You have the right to express concerns or to ask questions. If you have any concerns about the privacy of your health information or if you have questions about our procedures, you may contact our Privacy Officer at:

Nationwide Children’s Hospital
Attention: Nationwide Children’s Hospital ACE Privacy Officer
700 Children’s Drive
Columbus OH 43205
PrivacyOffice@NationwideChildrens.org
(614) 355-0711

- J.** You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above. You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

We will not take any action against you for filing a complaint.