

**THE CHILDREN'S INSTITUTE OF PITTSBURGH**  
**NOTICE OF PRIVACY PRACTICES**

*Effective Date: October 30, 2006*  
*Revised: July 24, 2013*  
*Revised: January 18, 2016*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED (SHARED) AND  
HOW YOU CAN GET ACCESS TO (SEE AND COPY) THIS INFORMATION.**

**PLEASE REVIEW THIS CAREFULLY.**

**What is a Notice of Privacy Practices?**

The Children's Institute of Pittsburgh (CI) understands that your or your child's health information is personal. We create and maintain a record with information about the medical care and services that each patient/student/client (henceforward referred to as Individual) receives at CI. We need this information to provide quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that CI may create, maintain or receive, including information we receive from other doctors and medical facilities that are not part of CI but that we keep to help give you better care. This Notice tells you about the ways we may use and share your health information, as well as the legal duties we have concerning your health information. This Notice also tells you about your rights under the laws of the United States and Pennsylvania. For purposes of this Notice, the use of the words "we", "us" and "our" mean CI and all the people and places that make up CI which are described below. If you are a parent or legal guardian receiving this Notice because your child receives care at CI, please understand that when we say "your medical information" in this Notice, we are referring to your child's protected health information.

**Who Follows This Notice of Privacy Practices?**

CI is comprised of three main components (the Hospital, The Day School and Project STAR) and offers services at a number of locations, such as our hospital and its satellites. This notice applies to Hospital services and Project STAR medical foster care services. This also includes all departments, units and staff within our health care facilities, all health care professionals permitted by us to provide services to you, and students, residents, trainees, volunteers and others involved in providing your care. These places and people may share your health information with each other for the treatment, payment, or health care operations that this Notice describes. All these places and people follow this Notice.

**Our Pledge to Protect Your Health Information**

We are required by law to make sure that your health information or personally identifiable information about you is kept private. We are also required to make available to you this Notice of Privacy Practices that describes how we use and share your health information as well as your rights under the law about your health information and to follow the Notice of Privacy Practices that is currently in effect.

**How We May Use and Share Your Health Information with Others**

The law permits us to use and share your health information in certain ways. The list below tells you about different ways that we may use your health information and share it with others, as well as some examples of what we mean. When sharing this information with others outside of CI, we share only what is reasonably necessary, unless we are sharing information to help treat you; in response to your written permission, or as the law requires. In these three cases we share all information that you, your health care provider or the law has asked for. We will use health information that does not identify you whenever possible. Every possible example of how we may use or share information is not listed; however, all of the ways we are permitted to use and share this information fall into one of the groups below.

**1) Ways we are allowed to use and share your health information with others without your Permission:**

**a) Treatment.** We may use your health information to give you medical treatment or services. We may share your health information with doctors, nurses, therapists and other personnel who are involved in providing your health care. For example, if you have a feeding disorder, the doctor may need to tell the dietitian about your disorder so that you get the kind of meals you need. We may share health information about you with people outside of CI who perform services related to

your treatment, such as lab work or x-rays or for consultation purposes, or to provide follow-up care to you, such as residential homes or coordination of your care upon discharge.

**b) Payment.** In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party payment agency. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company or a third party payment agency. For example, some health plans require your health information to be pre-authorized for rehabilitative services before they pay us.

**c) Health Care Operations.** We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may share information with our students, trainees and staff for review and learning purposes.

**d) Health Information Organization.** CI participates in a health information organization. A health information organization is an organization created to electronically share medical information about your care between other health care providers. Providers must have an established treatment relationship in order to see your information. You have the right to opt-out of the Health Information Organization (HIO) and may notify CI to do so.

**e) Business Associates.** We may share your health information with others who perform services on our behalf that we call "Business Associates." The Business Associate must agree in writing to protect the confidentiality of your information. For example, we may share your health information with a billing company that bills for the services we provided.

**f) Appointment Reminders.** We may use and share your health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, the place where the testing will be done may call you to remind you of the date you are scheduled.

**g) Fundraising Activities.** We may use your health information and may share it with a Business Associate or a foundation that is related to us so that we (or the Business Associate or foundation) may contact you for a donation to support CI. For example, you may receive a letter from CI asking for a donation to support CI's Annual Fund. The following information may be used for fundraising purposes or disclosed to a business associate for such purposes: (i) your demographic information including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to you; (iii) program information; (iv) treating physician; (v) outcome information; and (vi) health insurance status. You have the right to opt-out of receiving such fundraising communication by contacting 412-420-2203. If you opt-out, you may also later decide to again receive such fundraising communications by contacting 412-420-2203.

**h) Marketing Activities:** Subject to certain exceptions, your authorization is required in cases where our practice receives any financial compensation in exchange for making a communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

**i) Research in Certain Cases:** We may use and share your health information for research in certain circumstances, and under the supervision of an Institutional Review Board (IRB) in order to assist medical research.

**j) Special Situations** In the following situations, the law permits, and under some circumstances requires us to use or share your health information with others. These disclosures may be further limited by the requirements of Pennsylvania and federal law, which include but are not limited to, special considerations for behavioral health information, drug and alcohol treatment information and HIV status:

**When required by law:** We may share your health information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose health information to authorities that monitor compliance with the privacy requirements.

**For public health activities:** We may disclose your health information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose your health information to governmental, licensing, auditing and accrediting agencies for activities authorized by law.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose health information to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

**Relating to decedents:** We may disclose health information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**2) Ways we are allowed to use and give your health information to others with your verbal permission:**

**a) Facility Directory.** We may include limited information about you in the hospital directory while you are an inpatient at CI. The information may include your name, location in the building, and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. We may give your religious affiliation to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This helps your family, friends and clergy who visit you to know how you are doing. **You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends your room number or that you are in the facility.**

**b) People Involved in Your Care or Payment for Your Care.** We may share your health information with a friend, family member or other person **identified by you** who is involved in your medical care or the payment of your medical care. We may also share your health information with these persons if you are present or available prior to our sharing your health information with such family, friends or other persons and you do not object to our sharing your health information with them, or we reasonably believe based on the circumstances and our professional judgment that you would not object to this. If you are not present and certain circumstances are present that in our judgment it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, but only to the extent necessary. This could include sharing information with your friend so that they could pick up a prescription or a medical supply.

**3) IN ALL OTHER WAYS, WE WILL REQUIRE YOUR WRITTEN PERMISSION BEFORE YOUR HEALTH INFORMATION IS USED OR SHARED WITH OTHERS.**

Certain uses of your medical information, such as the use or disclosure of or access to psychotherapy notes, or use of disclosure for marketing purposes (other than in a face to face communication with you regarding new therapies, products or services for you or your child's care), require your written permission. In addition, except as stated above, your written permission is required before we can use or share your health information to anyone outside of CI. We also cannot sell your health information without your permission. This permission is provided through a release of information authorization form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

**Your Rights Concerning Your Health Information**

The law gives you the following rights about your health information:

- 1. Right to Ask to See and Copy.** Unless your access is restricted for clear and documented reasons you have the right to see and copy the health information we used to make decisions about your care. This request must be in writing and given to your doctor, therapist or other designated case worker. We will respond to your request within 30 days. If we deny your request, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you ask to see or copy your health information, you may have to pay for costs for copying, mailing or other costs. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. You have a right to request an electronic copy of your health information that is maintained in an electronic record and may direct that the electronic copy be provided directly to your designee as long as the request is clearly documented.
- 2. Right to Ask for a Correction.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You must put your request in writing. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do as you have asked. We will respond within 60 days of receiving your request. We have the right to refuse your request if you ask us to correct information that: 1) was not created by us and/or not part of our record; 2) is not part of the information you are permitted by law to see and copy; or 3) we believe is correct and complete in the existing record.
- 3. Right to Ask for an "Accounting of Disclosures."** You have the right to ask us for an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you that were for purposes other than for treatment, payment or health care operations or disclosures made to you or others involved in your care, or when you have provided us with permission to do so. This list will include when, to whom, for what purpose and what content of health information were released. You must put your request in writing. You must include in your written request how far back in time you want us to go, but it may not be longer than six (6) years. We will respond to your request within 60 days of receiving it. If you request more than one accounting in a 12 month period, you may be charged a reasonable fee for preparing the accounting.

4. **Right to Ask for Limits on Use and Sharing.** You have the right to ask us to limit the health information we use or share with others about you for treatment, payment or health care operations, or that we share with someone who is involved in your care or payment for your care, like a family member or friend. In your request, you must tell us: 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) the person or institution the limits apply to (for example, your spouse). You must put your request in writing and give it to your doctor, therapist or other designated case worker at the location you received your care. **We are not required to agree to your request.** But to the extent that we agree (with your request), we will put said agreement in writing and abide by it except in emergency situations. In addition, we cannot agree to limit uses/disclosures that are required by law.  
  
You have the right to restrict certain disclosures of health information to a health plan if the disclosure is for payment or health care operations if it pertains to a health care service that you paid for fully out of pocket. We **must** abide by your request in such circumstances.
5. **Right to Ask for Confidential Communications.** You have the right to ask that we contact you about your health information in a certain way or at a certain location that you may believe provides you with greater privacy. For example, you can ask that we only contact you at work or by mail. Your request must state how or where you wish to be contacted. We will not ask you the reason for your request. We will comply with all reasonable requests.
6. **Right to Ask for a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice. You can get a copy of this Notice at our Web site at <http://www.amazingkids.org>. To obtain a paper copy of this Notice, contact the Admissions department of the location where you received your care.
7. **Right to be Notified of a Breach of Information.** You have the right to, and will receive, notification following a breach of your unsecured health information. CI conducts a four step risk analysis on each report of a potential breach and determines whether or not an actual breach occurred and to what extent. Based on these findings, you will be notified of any breaches that are deemed reportable to the Department of Health and Human Services.

#### **Violation of Privacy Rights**

If you believe your privacy has been violated by us, you may file a complaint directly with us. You can do this by contacting the Compliance Office at 412-420-2193 or by calling the CI Compliance Hotline at 1-877-874-8417. Complaints to us can be oral (by contacting the above numbers) or in writing addressed to:

Privacy/Compliance Officer  
The Children's Institute of Pittsburgh  
1405 Shady Avenue  
Pittsburgh, PA 15217.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must: 1) name CI or the person that you believe violated your privacy rights and describe how that person/place violated your privacy rights and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing. **You will not be penalized for filing a complaint.**

#### **Changes to This Notice**

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any health information we receive in the future. We will post a copy of the current Notice in the places where we provide medical services. The Notice will contain the effective date on the first page, in the top right-hand corner. We will provide to you a copy of the Notice that is currently in effect the first time you receive services from us and, thereafter if you ask, each time you register with us as a Hospital inpatient or outpatient for treatment or either The Day School or Project Star billed health care services.

#### **If You Have Questions About This Notice**

If you have any questions about this Notice, please contact the Privacy/Compliance Office at 412-420-2193 or the Security Officer at 412-420-2397.

## CLINICALCONNECT HEALTH INFORMATION EXCHANGE STANDARD ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES

### Update Effective: February 1, 2016

The Children's Institute of Pittsburgh ("Provider") participates in the ClinicalConnect Health Information Exchange (HIE). Generally, a HIE is an organization that providers, payers, and providers of ancillary healthcare related services participate in (each a "Participant") to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, The Children's Institute of Pittsburgh may share your health information with Participants or participants of other health information exchanges, by example P3N (Pennsylvania Patient & Provider Network) and Healthway (a national network that allows providers to exchange information). This health information includes, but is not limited to:

- Test Results. By example, General laboratory tests, Pathology tests, Radiology tests, GI tests, cardiac tests, neurological tests, etc.
- Health Maintenance documentation
- Problem lists
- Allergy Information
- Immunizations
- Medication lists
- Consultation and Progress notes
- Discharge summaries and instructions
- Clinical Claims Information

Ancillary healthcare related service providers may include, but are not limited to:

- Organ Procurement
- Diagnostic Testing
- Pharmacies
- Durable medical Equipment Suppliers
- Home Health Services

All Participants have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE ("Opt-Out"):

- Health information that results from any Participant providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out;
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers or payers access your health information;
- All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information;
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc.;
- Your information may be disclosed for payment related activities associated with your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

You may Opt-Out at any time by notifying The Children's Institute of Pittsburgh.

A list of Participants may be found at:  
[www.clinicalconnecthie.com](http://www.clinicalconnecthie.com).