Notice of Health Information Practices
This notice describes how The Children’s Mercy Hospital (CMH) and Children’s Mercy Pediatric Care Network (CMPCN) may use and disclose your information.

Our Commitment to You Regarding Health Information
We understand that medical information about you or your child’s health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at The Children’s Mercy Hospital. We need this information to provide you with quality care and to comply with legal requirements. This notice applies to all the records of your care generated by The Children’s Mercy Hospital, our health care providers, and Children’s Mercy Pediatric Care Network.

This notice will tell you (the patient or the legal guardian) about the ways in which we may use and disclose health information about you or your child. The term “you” and “your” refers to the patient. However, the legal guardian has the right to exercise the patient rights. This notice only provides examples of how your information may be used and disclosed. It gives examples of when we are required by law to disclose your information.

Your Health Information Rights (and Limits on Those Rights)
Your health record is the physical property of The Children’s Mercy Hospital or Children’s Mercy Pediatric Care Network. The information belongs to you. You have the right to:

- Inspect and obtain a copy your health record;
- Request limits on certain uses and disclosures of your information;
- Obtain a paper copy of the "Notice of Health Information Practices" upon request;
- Request amendments to your health record;
- Request a record of disclosures other than for treatment, payment, or health care operations, or as authorized by you;
- Request that a different phone number or address be used for communications;
- Request an alternative way to provide your information, such as online, answering questions in writing, etc.; and
- Revoke any authorization to use or disclose your health information except to the extent that action has already been taken with that information.

Our Responsibilities
We are required to:

- Keep your health information private;
- Provide you with a notice (this document) of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Follow the terms of this notice;
- Notify you if we are unable to agree to a request by you to limit the use or disclosure of your health information; and
- Try to meet reasonable requests to communicate your health information by other means or at other locations.

We reserve the right to change our practices and to be sure the new practices keep all health information safe. Should our health information practices change, we will post a revised notice on our web page (www.childrensmercy.org) and throughout our facilities, and will have copies available for you. We will not use or disclose your health information without your permission, except as described in this notice or allowed by law.

How We May Use and Disclose Medical Information
For each category of uses or disclosures, we will explain what we mean and try to give examples. All of the ways we are permitted to use and disclose information will fall into one of the categories.

- Treatment: We may use or disclose your health information for treatment and services. Your information may be disclosed to individuals providing care to you. These individuals use your information to provide care and services (such as prescriptions, lab tests, meals, and x-rays). We may also disclose your information to individuals or health care agencies that are involved in your care (such as your primary care provider or referring physician, home health, etc.). Disclosures of psychotherapy notes require your written authorization.

- Payment: We may use and disclose your health information for payment for services and treatment provided to you. We use your information to create a bill and disclose information when we send the bill to your insurance company, you, or a third party. The individual or entity paying the bill may request more information to determine whether the bill is covered by your insurance or the third party. For example, we may tell your health plan about a treatment you are going to receive to get approval for payment or determine whether your health plan will cover the treatment. EXCEPTION: You have the right to restrict disclosure for payment purposes when you agree to be self pay and pay in full for the services.

- Health care operations: We may use or disclose your health information for regular health care business. Health care operations include review of the care you receive for quality assessment and improvement, educational, business planning, risk management, and compliance purposes. This information will then be used to continually improve the quality and effectiveness of the health care and service we provide.

- Appointment reminders: We may provide reminders by mail, secure email, text messages, or phone, or by leaving messages according to your specifications.

- Treatment alternatives: We may provide you with information about treatment alternatives and other health related benefits and services.

- Required by law: We disclose information as required by federal, state, or local law. For example, we are required to report gunshot wounds to the police.

- To prevent a serious threat to health or safety: We may use or disclose 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.

- Hospital directory: Unless you tell us that you object, we will place your name, your location in the Hospital, general condition, and religious affiliation in a Hospital directory. We may disclose this information to members of the clergy and, except for religious affiliation, to people who ask for you by name, including members of the news media.

- Family notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

- Individuals involved in your care or payment for your care: Unless you object, we may release medical information about you to a friend, family member, or other person who is involved in your medical care. This would include foster parents or those individuals present during resuscitation efforts. Health professionals, using their best judgment, may disclose health information to a family member, other relative, close personal friend, or any other person you identify, about that person’s role in your care or payment related to your care.

- Schools and daycares: We will only disclose information to schools or daycares when a signed authorization is provided.

- Protective services: We may disclose information about you to the police, state protective services agencies and their affiliates to report a suspected case of abuse or neglect. In addition, we may disclose information to assist prosecutors with filing of criminal charges related to the report filed.

- Disaster relief: We may disclose information about you to public or private agencies for disaster relief purposes.

- Public health: As required by law, the Hospital may disclose your health information to public health agencies or authorities charged with preventing or controlling disease, injury, or disability, or to report a suspected case of abuse or neglect.

- Organ and tissue procurement organizations: We may disclose health information to organizations that handle organ, eye, and tissue transplantation, or to an organ bank, as necessary to facilitate organ or tissue donation.

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- Workers’ compensation: We may disclose health information about you for workers’ compensation or other similar programs.
- Marketing: We will ask your permission to contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Fundraising: We will ask your permission to contact you as part of a fundraising or public relations effort.
- Food and Drug Administration (FDA): We may disclose to the FDA health information about adverse events caused by food, supplements, products, and product defects, or information to help with product recalls, repairs, or replacement.
- Research: We may use or disclose protected health information to researchers in order to prepare for research, such as to aid in development of research protocols. This information cannot be removed from the Hospital. The Institutional Review Board (the body responsible for protecting human research participants) may use or disclose protected health information to review, approve, and monitor the conduct of research. This may include disclosure of research-related information to federal agencies overseeing the conduct of research, such as the Office for Human Research Protections. We may use or disclose information to researchers approved by Institutional Review Board (IRB). With the IRB’s approval, researchers who are Hospital employees can use protected health information to identify and contact prospective research subjects to ask your permission to be in the study and your authorization to use your protected health information. Under certain circumstances, the IRB can exempt the study from review. In these cases protected health information may be used in research without contacting you. A researcher who is not a part of the Hospital may obtain contact information through a partial waiver of individual authorization by Privacy Board. The Privacy Board waiver of authorization permits a researcher to obtain protected health information to identify and recruit potential research subjects.

Special Situations
- Custody of minor children: We will not restrict another parent’s access to a minor’s information unless court papers are provided. The court papers must state specifically that the parental rights have been severed or the parent cannot receive any medical or health information regarding the child. Orders of protection will be honored when the order includes the patient.
- Business associates: We may disclose your health information to outside parties known as business associates. We obtain services through these business associates. We may disclose your health information to a business associate so that it can perform the job it has to do. To protect your health information, we require the business associate to protect your information at all times.
- Coroners and funeral directors: We may disclose information to coroners or medical examiners for the identification of a body or to determine cause of death. We may disclose information to funeral directors to carry out their duties.
- Correctional institutions: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your information to 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.
- Law enforcement: We may disclose health information for law enforcement purposes as required by law, pursuant to a court order, warrant, subpoena, or summons.
- Health oversight agencies: Your health information may be disclosed to governmental agencies and boards for investigation, audits, licensing, and compliance purposes.
- Public health purposes: We disclose information to health agencies as required by law. Examples include reporting vital statistics (births and deaths) and reporting to prevent or control disease, injury, or disability.
- The Department of Health and Human Services (DHHS): Under privacy standards, the Hospital must disclose your health information to DHHS upon request so that they may determine our compliance with their standards.
- Lawsuits and disputes: If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a subpoena, court order, or administrative order. Information will be disclosed to someone else involved in the dispute only after (1) efforts have been made to tell you about the request; (2) satisfactory assurances have been received; or (3) you request an order protecting the information.
- Military and veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. The Hospital may also release information about foreign military personnel to appropriate foreign military authorities.

Use of Health Information Exchanges
A health information exchange is an electronic method to share medical information about your care with other health care providers.

For More Information or to Report a Problem
- If you have questions or would like additional information, you may contact the Hospital’s Privacy Officer at (816) 701-4573.
- You may contact the Health Information Management department to get copies of health information, request amendments, or obtain an accounting of disclosures. You can also visit www.childrensmercy.org for more information.
- If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the United States Department of Health and Human Services or contact the Hospital’s Privacy Officer at the number above. You will not be penalized for filing a complaint.

Effective Date: 01 July, 2012

To meet regulatory requirement changes, this Notice replaces CMH forms #8071-172 (for adults) and #8071-173 (for children), both with effective date 14 April, 2003.