

# Notice of Privacy Practices

Effective date: March 26, 2013  
(Revised: July 17, 2020)

## 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.

As a parent/legal guardian of a minor patient at Nicklaus Children's Health System "NCHS", you are the patient's "personal representative." When reading this Notice please understand that when we use the term "you" we mean the pediatric patient.

**Applicability of Notice** - This Notice describes the privacy practices of Nicklaus Children's Health System and affiliated entities, including Nicklaus Children's Hospital and outpatient facilities listed on the signature page. Each of these affiliated entities are legally separate covered entities, but for purposes of the HIPAA privacy rule designate themselves as a single covered entity and will each follow the terms of this Notice. For purposes of this Notice, the terms "NCHS," "we" and "our" are used in this Notice to refer to Nicklaus Children's Health System and its facilities and affiliated entities, including Nicklaus Children's Hospital and outpatient facilities. Each of these entities may share information with each other for purposes of treatment, payment or health care operations as described in this Notice.

**Privacy Obligations** - NCHS is required by law to maintain the privacy of health information about you that can identify you ("Protected Health Information" or "PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, to notify you following a breach of protected health information and to abide by the terms of this Notice currently in effect. We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each of the locations identified below. The Notice will contain the effective date. A copy of the current Notice will be made available to you when you initially register with Nicklaus Children's Health System for treatment or services, upon your request, and on subsequent visits if the Notice has been revised.

**Our Pledge** - We understand that all information about you and your health is personal. We are committed to protecting this information. When you receive services at NCHS, a medical record is created. This record describes the services provided to you and is needed to provide you with quality care and to comply with certain legal requirements. This Notice applies to care generated by NCHS, whether made by a NCHS employee or a doctor involved in your care at NCHS. This Notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways in which we use your health information within NCHS and may release your information to persons and entities outside of NCHS. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories:

**Uses and Disclosures for Treatment, Payment and Health Care Operations:** Your PHI may be used to treat you, to obtain payment services provided to you and to conduct "health care operations" as described below:

**Treatment:** Your health information may be used and disclosed to provide treatment and other services to you – for example, to diagnose and treat your injury or illness. We may disclose your PHI to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us or to individuals outside of NCHS who are also part of your healthcare team.

**Payment:** Your PHI may be used and disclosed to your insurance company or other third party to collect payment for services. For example, we may need to give your health plan information about surgery you received while here so that they will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Exception:** If you pay out of pocket in full for a health care item or service, you have the right to restrict certain disclosures of your PHI to your health plan (see section on 'Right to Request Restrictions').

**Health Care Operations:** Your PHI may be used and disclosed in connection with our health care operations. For example, your PHI may be used to conduct quality assurance activities, such as for evaluating the quality and competence of physicians, nurses and other health care workers; to perform customer service activities, or for investigating complaints. We may also disclose this information to our business associates who assist us with administrative and other functions. We require our business associates to appropriately safeguard the health information of our patients

**Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services** - We may use and disclose your PHI to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising Activities** - NCHS may use or disclose health information about you to contact you in an effort to raise money for our organization and its operations. We may disclose this information to the Nicklaus Children's Health Foundation to assist us in our fundraising activities. Only contact information such as your name, address and telephone number, and the dates you received treatment or services at NCHS would be released. You have the right to opt out of fundraising communications at any time and your request must be honored. If you would like to opt-out of receiving fundraising communications, please notify our Privacy Officer in writing or make your opt-out request using the method provided to you with every fundraising communication.

## SITUATIONS WHERE YOU HAVE AN OPPORTUNITY TO AGREE OR OBJECT TO USES AND DISCLOSURES OF YOUR PHI

**Hospital Directory** - Nicklaus Children's Hospital may include your name, location in the hospital, general health condition (e.g. fair, stable, etc.), and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. This information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

**Individuals Involved in Your Care or Payment for Your Care** - Your PHI may be disclosed to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

## SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION

In certain circumstances, federal or state laws may require or allow us to provide your PHI to the following agencies without any oral or written permission from you:

**Public Health Authorities/Health Oversight Agencies** - We may disclose your medical information for public health activities, including for the reporting of disease, injury, vital events such as birth or death, and for the conducting of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including for audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings or actions.

**Abuse or Neglect** - In accordance with federal and state law, we may disclose your PHI when it concerns abuse, neglect, or domestic violence to you. We are required to report suspected child or vulnerable adult abuse or neglect to the Florida Department of Children and Families Central Abuse Hotline.

**Department of Health and Human Services/Florida Agency for Health Care Administration (the "Agency")** - We may disclose your PHI when required by the United States Department of Health and Human Services as part of an investigation or a determination of our compliance with relevant laws. We may disclose your PHI to the agency for purposes of health care cost containment or in response to a subpoena.

**In Connection with Judicial and Administrative Proceedings** - We may disclose your PHI in any civil or criminal action, unless otherwise prohibited by law, in response to a court or administrative order or if compelled by subpoena at a deposition, evidentiary hearing, or trial, but only if efforts have been made to tell you about the request.

**Law Enforcement** - We may disclose your PHI to a law enforcement official or the medical examiner to alert them about a death we believe may be the result of criminal conduct. We may notify a law enforcement official if you were injured in a motor vehicle crash and your blood alcohol level is above the legal limit. We are required to report to local law enforcement officials any gunshot wound or life-threatening injury indicating an act of violence.

**National Security and Intelligence Organizations** - We may disclose your PHI for specialized governmental functions, such as national security and intelligence activities, and for the provision of protective services to the President.

**Coroners, Medical Examiners, and Funeral Directors** - We may disclose your PHI to coroners, medical examiners or funeral directors consistent with applicable law to carry out their duties.

**Organ and Tissue Donation Organizations** - If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

**Workers' Compensation Agents** - We may release your PHI for workers' compensation or similar programs.

**Military Command Authorities** - If you are a member of the armed forces, we may disclose your PHI as required by military command authorities.

**Correctional Institutions** - We may disclose your medical information to a correctional institution having lawful custody of you if doing so would be necessary for your health and the health and safety of other individuals.

**Emergency Circumstances and Disaster Relief** - Your PHI may be used or disclosed to a public or private entity authorized by law or by its charter to assist in disaster relief efforts (such as the Red Cross).

**To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to a government agency or authority that is able to help prevent the threat.

**Research** - Under certain circumstances and provided that your identity is protected, we may use and disclose medical information about you for statistical and research purposes, including research planning and the creation of research proposals as long as Protected Health Information is not removed, copied, or compromised.

**As Required by Law** - We will disclose your PHI when required to do so by federal, state or local law.

*If a use or disclosure of health information described above in this Notice is prohibited or materially limited by state law, it is our intent to meet the requirements of the more stringent law.*

## SITUATIONS THAT REQUIRE YOUR AUTHORIZATION

**Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information** - State and/or federal laws may place restrictions on the manner in which specific types of PHI may be used and/or to whom such medical information may be disclosed, such as HIV status, alcohol and substance abuse treatment, psychiatric treatment, and genetic information. In those instances where the use and/or disclosure of this PHI is specifically restricted, we will seek appropriate authorization from you, your legal representative or a court of law/administrative tribunal before using or disclosing this information.

**Marketing** - We will not use your PHI for marketing purposes without your authorization. If you have consented to receive marketing information but no longer wish to receive further information, please notify our Privacy Officer in writing to make your opt-out request.

**Sale of PHI** - We will not disclose your PHI in return for any financial compensation without your authorization.

**Research** - We may share your health information with researchers after you have signed a specific written authorization for a specific research study. In very limited circumstances, we may share your health information with researchers when the Institutional Review Board (IRB) issues a waiver after having ensured that safeguards are in place to protect your privacy. An IRB is a committee responsible for protecting individual research subjects and ensuring that research is conducted ethically. All research projects are subject to special approval by the IRB. Your health information will not be used and you will not be asked to participate in a research project that is not reviewed and approved by an IRB.

**Other Uses and Disclosure of Your PHI** - Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to NCHS will be made only with your written permission (authorization), which authorization may be revoked as described below.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Right to Request Restrictions** - You have the right to request limits on the use of your medical information for either treatment, payment or health care operations. You also have the right to request a limit on medical information we disclose to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not disclose information about a surgery you had. To request restrictions, the request must be made in writing to the Nicklaus Children's Health System Health Information Management Department. If your health care provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Nicklaus Children's Health System does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

**Out-of-Pocket Payments** - If you make a payment in full at the time of, or prior to, receiving an item or service from Nicklaus Children's Health System, you have the right to request that your Protected Health Information with respect to that item or service not be disclosed to your Health Plan. We will honor your request as long as financial obligations are met.

**Right to Request Confidential Communications** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. To request restrictions, the request must be made in writing to the Health Information Management Department.

**Right to Inspect and Copy** - You have the right to inspect and/or receive a copy of any medical information maintained about you that may be used to make decisions about your care or payment for your care. Typically, this will include your medical and billing records, but not psychotherapy notes. If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy be given to you or transmitted to another individual or entity.

To inspect and/or get a copy of your medical or billing records you must submit your request in writing to:

**Nicklaus Children's Health System  
Health Information Management Department  
Attention: Director  
3100 S.W. 62 Avenue  
Miami, Florida 33155-3009**

We may charge a reasonable fee for copying and mailing the records. We may deny your request in certain limited circumstances. If your request is denied, you may request that your denial be reviewed. Such reviews will be performed by an independent licensed healthcare professional chosen by our Privacy Officer. We will comply with the outcome of the review.

**Right to Amend** - If you feel that information about you is incorrect, you may ask us to amend the record. To request an amendment, the request must be made in writing to the Health Information Management Department at the address noted above. In addition, you must provide a reason that supports your request. We are not obligated to comply with your request to amend your record.

**Right to Revoke your Authorization** - If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you. A form of written revocation is available upon request from our Health Information Management Department.

**Breach Notification** - In certain instances, you have the right to be notified in the event that we, or one of our Business Associates, discover an inappropriate use or disclosure of your health information. Notice of any such use or disclosure will be made in accordance with state and federal requirements.

**Accounting of Disclosures** - You have the right to request an «accounting of disclosures.» This is a list of disclosures that we have made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. 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 6 years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by e-mail). The first accounting you request within any 12-month period will be free. For additional requests, we may charge you for the reasonable costs of providing the accounting. We will notify you of the costs involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to a Paper Copy of this Notice** - You have a right to a paper copy of this Notice, even if you agreed to receive it electronically. Please contact us as directed below to obtain this Notice in written form.

**Foreign Language Version** - If you have difficulty reading or understanding English, you may request a copy of this Notice in Spanish or Creole. Additional languages or formats will be made available upon request.

## QUESTIONS OR CONCERNS

If you would like more information about our privacy practices or have questions or concerns about this Notice, please contact our Privacy Officer at the number listed below.

If you believe your privacy rights have been violated, you may file a complaint, in writing to the NCHS Privacy Officer located at:

**Nicklaus Children's Health System  
Privacy Officer  
3100 S.W. 62 Avenue  
Miami, Florida 33155-3009  
Telephone: (786) 624-3838**

or you may contact the Secretary of the U.S. Department of Health and Human Services (HHS).

To file a complaint with the U.S. Department of Health and Human Services, you may call toll free 1-877-696-6775 or visit the website of the Office of Civil Rights at [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy). You can also mail a written request to:

**Office for Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909**

**You will not be penalized or retaliated against in any way for making a complaint.**

## NICKLAUS CHILDREN'S HEALTH SYSTEM FACILITIES

This Notice applies to the privacy practices of

Nicklaus Children's Health System, Inc.

- Nicklaus Children's Hospital
- Nicklaus Children's Urgent Care Centers
- Nicklaus Children's Outpatient Centers
- Nicklaus Children's Pediatric Specialists
- Nicklaus Children's Health System Foundation

For a list of entities click on the following link:  
[www.nicklauschildrens.org/locations](http://www.nicklauschildrens.org/locations)



**Nicklaus Children's  
Health System**