V. Patient Rights

A. You have the right to be informed of our privacy practices.

a. 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 and disclose your health information, and how we will protect its privacy. You may obtain a copy of the current version of our NOPP at our Patient Registration location.

b. If you would like to have a copy of our NOPP 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 your health information to someone else.

C. You have the right to request that we disclose your health information to others.

a. 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: Privacy Officer
Nationwide Children’s Hospital
700 Children’s Drive
Columbus OH 43205
PrivacyOffice@nationwidechildrens.org

b. You have the right to request to amend your health information.

a. You have the right to request that we amend your health information if you believe the health information is incorrect or incomplete. Your request must be in writing and provide a reasonable description of the information you want to amend. The amendment will be made to the health information we have received from you or your health care provider. The amendment will be made to the health information we have received from you or your health care provider.

b. In certain limited circumstances, we may deny your request to amend your health information. For example, you may not request to amend our health information if it:

• is correct and complete;
• was generated in the course of providing health care treatment to you;
• pertains to health care operations purposes; (ii) to you or pursuant to your authorization; (iii) to one or more individuals (as defined in the HIPAA Privacy Rule) with the authorization of your health care provider.

D. You have the right to request to amend your health information.

a. You have the right to request to amend your health information.

b. You have the right to request that we amend your health information if you believe the health information is incorrect or incomplete. Your request must be in writing and provide a reasonable description of the information you want to amend. The amendment will be made to the health information we have received from you or your health care provider. The amendment will be made to the health information we have received from you or your health care provider.

E. You have the right to request to receive communications related to your health information in another way or at other locations.

a. We normally send your health 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 request this. We will not ask you to explain why you are requesting this. We will abide by your request. 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 Request form is available by mail at the address below, or may be downloaded from our website, or you may call 614-355-0777 to request a form. Mail your completed form to the address listed below or turn it in at any Patient Registration location.

F. You have the right to request restrictions on the use and disclosure of your health information.

a. 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 if 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, or may be downloaded from our website, or you may call 614-355-0777 to request a copy. Mail or email your request to the address listed below.

b. If you pay out of pocket in full for specific services, you may request that PHI about the service not be disclosed to your health plan. You may also request that the 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.

G. You have the right to request an accounting of disclosures of your health information.

a. You have the right to receive an accounting of disclosures of your health information made by us to others you select. The authorization form is available by mail at the address below, or may be downloaded from our website, or you may call 614-355-0777 to request a copy. Mail or email your request to the address listed below.

b. If you have any concerns about the accuracy or completeness of the information contained in the accounting of disclosures, you may request an amendment of the information. You may also contact our Privacy Officer at:

H. You have the right to express concerns or to ask questions.

a. 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: Privacy Officer
Nationwide Children's Hospital
700 Children’s Drive
Columbus OH 43205
PrivacyOffice@nationwidechildrens.org

II. Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I. Who must follow this Notice?

Nationwide Children’s Hospital provides health care to patients in partnership with other professionals and health care organizations. Collectively, the following organizations will be referred to as “we,” “our,” “us,” or “Nationwide Children’s Hospital.”

a. All departments and units of Nationwide Children’s Hospital, including Close to Home Urgent Care Centers, Close To Home Centers, Behavioral Health Care Centers, Child Development and Autism Centers, Heart Center Clinics, Homecare and Hospice, Orthopedic Center, Primary Care Centers, Women’s Health Medicine and Orthopedic Center, Wexner Surgery Center, Lima Outpatient Specialty Clinics, Dublin Sports Medicine and Orthopedic Center and ChildLab.

b. Greater Ohio Orthopedic Surgeons

• Ohio Urology, Inc.

• Children’s Anesthesia Associates

• Children’s Surgery Center, Inc.

• Pediatric Academic Association

• Partners for Kids, Inc.

• Nationwide Children’s Research Institute

• Nationwide Children’s Hospital Foundation

• Nationwide Children’s Surgical Associates Corp.

• Nationwide Children’s Radiological Institute Inc.

• Nationwide Children’s Homecare Services

• Family Violence Coalition at Nationwide Children’s

• Pediatric Clinical Trials International

• Pediatric OBGYN Associates of Columbus

• Any healthcare professional that treats you at any of our locations.

• All employees, medical staff, trainees, students, or volunteers of the entities listed above.

Federal law requires that we maintain the privacy of your 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 the Notice of Privacy Practices will be posted throughout Nationwide Children’s Hospital and affiliated facilities, in the Patient Registration area, posted on our Web site (www.nationwidechildrens.org) and made available to you at your next appointment.
II. To what information does this Notice apply?

Protected Health Information (PHI) is information that you provide us or that we create or receive on your behalf as part of providing you with healthcare, treatment, payment, or healthcare operations. This Notice applies to all PHI we create, receive, maintain, or transmit, in any form, on paper or electronic media.

III. Ways We Can Use and Share Your PHI Without Your Written Permission (Authorization)

In many situations, we can use and share your PHI for activities that are common in hospitals.

A. Uses and Disclosures for Treatment, Payment and Health Care Operations.

We use and share your PHI to provide “Treatment,” obtain “Payment” for your treatment, and perform our “Health Care Operations.” This is what these terms mean:

- Treatment: We use and share your PHI to provide care 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 be of interest to you.
- Payment: We use and share your PHI to receive payment for the care we provide. For example, we may share your PHI with the person who has the legal right to act for you (your personal representative) in order to authorize or arrange payment for the care you receive.
- Health Care Operations: We use your PHI for the care and payment for care needed by a patient because of his or her health.

B. Uses and Disclosures for Treatment, Payment and Health Care Operations.

We may use and share your PHI to “Treat,” obtain “Payment” for your treatment, and perform our “Health Care Operations.” This is what these terms mean:

- Uses and Disclosures for Treatment, Payment and Health Care Operations.

We use and share your PHI for the following:

- A. For any purpose other than the ones described above, we may only use or share your PHI with your written permission (authorization).

- B. To the Secretary of the Department of Health and Human Services, if necessary, to enforce the law.

- C. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about your “Highly Confidential Information,” including any portion of your PHI that is (1) kept in psychotherapy notes; (2) about mental health or developmental disabilities; (3) about alcohol or drug abuse treatment (for the care we provide to an individual for treatment to deal with alcohol or drug abuse); (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) Intravu fermentation (IVF) for any of the foregoing, unless you opt-in to the HIE, we may provide your health information to the HIEs in which you have opted to share your PHI.

- D. Sale of PHI. We must obtain your written permission (authorization) prior to selling your PHI.

- E. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain highly confidential information about your “Highly Confidential Information,” including any portion of your PHI that is (1) kept in psychotherapy notes; (2) about mental health or developmental disabilities; (3) about alcohol or drug abuse treatment (for the care we provide to an individual for treatment to deal with alcohol or drug abuse); (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) Intravu fermentation (IVF) for any of the foregoing, unless you opt-in to the HIE, we may provide your health information to the HIEs in which you have opted to share your PHI.