Privacy Notice

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

1. **It is our responsibility to safeguard your child's protected health information.**
   Protected Health Information (PHI) includes information about your child's past and present health condition, health care services we provide to your child and payment information about the services we provided to your child that also includes information that can be used to identify your child. We are required by applicable federal and state law to maintain the privacy of your child's health information. We must provide you with this notice about our privacy practices that explains how, when and why we may use or disclose your child's PHI. We are required to notify you if you are affected by a breach of unsecured PHI. With some exception, we may not use or disclose any more of your child's PHI than is necessary to accomplish the purpose of the use or disclosure.

   We are required to follow the privacy practices described in this notice. We reserve the right to change the terms of this notice and our privacy practices at any time. Any changes we may make will apply to any PHI we already have. Before we make a change to our policies we will change this notice, post new notices publicly and post the new notice on our web site, www.DollyChildrens.org. You may also request a paper copy of this notice at any time from the Compliance Officer (865) 541-8080.

2. **How we may use and disclose your child's Protected Health Information (PHI).**
   We use and disclose your child's PHI for many different reasons. We have the right to use and disclose your child's PHI for purposes of treating your child, seeking payment for the treatment and services provided to your child and to operate Dolly Parton Children's Hospital. For other uses of your child's PHI, we must have your written permission unless the law requires or permits the use or disclosure without your authorization. Dolly Parton Children's Hospital participates in the East Tennessee Health Information Network (etHIN) through which PHI is exchanged between his/her healthcare providers electronically. Your child's PHI may be exchanged with healthcare providers through etHIN.

   We may also disclose your child's PHI to an outside entity for that entity to perform some function on our behalf. If we do, we must have an agreement with that entity that it will extend the same privacy to your child's PHI as we do.

   These are a few examples of how we may use or disclose your child's PHI.
   For Treatment - We may disclose your child's PHI to doctors, nurses and other health care personnel involved in providing care to your child. For example, your child's PHI will be shared with members of your child's treatment team. It may also be shared with our Pharmacy staff and with outside entities performing services relating to your child's treatment, such as laboratory testing.
   To Obtain Payment for Treatment and Services - We may use and disclose your child's PHI in order to bill and collect payment for the treatment and services provided to your child. For example, we may provide your child's PHI to our billing department and your health insurer in order to obtain payment for services we provided. We also may contact your employer to confirm information about your health insurer.
   For Health Care Operations - We may use and disclose your child's PHI in the course of operating Dolly Parton Children's Hospital. For example, we may use your child's PHI in evaluating the quality of services we provided or to evaluate the performance of the health care professionals who provided services. We may also provide your child's PHI to our accountants, attorneys, consultants and others to make sure we are complying with the laws and regulations that affect us.
   Uses and Disclosures Requiring Authorization - Unless the use or disclosure falls within one of the exceptions outlined below, all uses and disclosures beyond those for treatment, payment and health care operations require your authorization. You may withdraw your authorization at any time to stop future uses and disclosures of your child's PHI.
   When Required by Law - We may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with gunshot and other wounds, or when responding to a court order.
   For Public Health Activities - PHI may be disclosed when we are required to collect information about disease or injury to report vital statistics to the public health department.

For Health Oversight Activities - We may disclose PHI to an agency responsible for monitoring the health care system or to assist the government when it conducts an inspection of a health care provider or organization.
For Organ Donation - We may disclose PHI to organ procurement organizations to assist them in organ, eye and tissue donation and transplants.
For Research Purposes - We may disclose PHI to a researcher, operating under supervision of an Institutional Review Board, to conduct medical research.
To Avoid Harm - We may disclose PHI to avoid a serious threat to the health and safety of a person or the public.
For Specific Government Functions - We may disclose PHI to correctional facilities, to governmental benefit programs
regarding eligibility and enrollment, and for national security purposes.
For Worker's Compensation - We may disclose PHI in order to comply with Worker's Compensation laws.

3. **Uses and disclosure to which you may object**
Patient Directories - Your child's name, location in the hospital, general condition and religious affiliation (if any) will be included in our patient directory for use by clergy and visitors who ask for your child by name. You may object to this use in whole or in part. In emergency situations, we may retroactively seek your consent for the listing.
Disclosures to family, friends and others - We may share PHI with family members, friend(s) or other individuals you indicate are involved in the care of your child. You may object to this use in whole or in part. In an emergency situation, we may not have an opportunity for you to object until after the emergency has passed.

4. **Your rights regarding your child's PHI.**
You have the following rights with respect to your child's PHI:
To request limits on the use and disclosures of your child's PHI. - You have the right to ask that we limit how we use and disclose your child's PHI. We will consider your request, but are not required to accept it. If we accept your request, we will document the limits in writing and abide by them, except in an emergency situation. You may not limit the use and disclosure of your child's PHI that we are legally required or allowed to make.
To choose how we contact you - You have the right to ask that we send information to you at an alternative address or by an alternative means. We must agree with your request as long as it is within reason.
To see and copy your child's PHI - In most cases, you have the right to see and obtain copies of your child's PHI, and you must make the request to see it in writing. There may be situations where we have to deny your request but will give you the reasons for the denial in writing and explain your right to have the denial reviewed. You may be charged a fee for requested copies depending on the circumstances. You have a right to choose the portions of your child's PHI you wish copied and to receive prior information on the cost of copying.
To request amendment of your child's PHI - If you believe there is an error or omission in our record of your child's PHI, you may make a written request that we correct or add to the record. We will respond to your request within 60 days of receiving the request. We may deny your request if we determine that your child's PHI: (1) is correct and complete; (2) was not created by us or not part of records; or (3) is not permitted to be disclosed. Any denial will explain why we denied the request and your rights to have your request, or denial and any statement in response to our denial that you provide attached to your child's PHI. If we approve your request, we will change the PHI and so inform you. We will also tell others that need to know about the change in your child's PHI.
To find out what disclosures have been made - You have a right to obtain a list of when, to whom, for what purpose and what content of your child's PHI we have released, other than instances of disclosure for treatment, payment and health care operations; disclosures to you, your family, our directory or in response to your written authorization. The list will also not include disclosures made for national security purposes, disclosures to law enforcement officials or correctional facilities or disclosure made before April 2003. Your request for a list of disclosures must be in writing, and you may ask for disclosures as far back as six (6) years. We will respond to your request within 60 days of receiving it. There will be no charge for the first request in any calendar year, and we reserve the right to charge for more frequent requests.
To complain about our privacy practices - If you think we may have violated your child's privacy rights, or you disagree with a decision we made regarding access to your child's PHI, you may file a complaint with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you or your child if you file a complaint about our privacy practices.

5. **Contact for information about this notice or to complain about our privacy practices.**
If you have questions about this notice, a complaint about our privacy practices or need to know how to file a complaint with the Secretary of the Department of Human Services, please contact the Compliance Officer at Dolly Parton Children's Hospital, 2018 Clinch Avenue, Knoxville, TN 37916, (865) 541-8080.