



## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW YOUR CHILD'S MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS YOUR CHILD'S MEDICAL INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **POLICY STATEMENT**

Daystar Kids is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your child's medical condition and the care and treatment he/she receives from the Agency and other health care providers. This Notice details how your child's PHI may be used and disclosed to third parties for purposes of your child's care, payment for your child's care, health care operations of the Agency, and for other purposes permitted or required by law. This Notice also details your child's rights regarding his/her PHI.

### **USE OR DISCLOSURE OF PHI**

1. The Agency may use and/or disclose your child's PHI for purposes related to his/her care, payment for his/her care, and health care operations of the Agency. The following are examples of the types of uses and/or disclosures of your child's PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

(a) **Care** – In order to provide, coordinate and manage your child's care, the Agency will provide your child's PHI to those health care professionals, whether on the Agency's staff or not, directly involved in your child's care so that they may understand your child's medical condition(s) and needs and provide advice or treatment (e.g., a specialist or laboratory). For example, a physician treating your child for a condition such as seizures may need to know how frequently the child experiences seizures at Daystar Kids and how the child responds to medications administered by Daystar Kids nursing team.

(b) **Payment** – In order to get paid for health care services provided by the Agency, the Agency may provide your child's PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Agency may need to provide your health insurance carrier or Medicaid with information about health care services that your child received from the Agency so that the Agency can be properly reimbursed. The Agency may also need to tell your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense.

(c) **Health Care Operations** – In order for the Agency to operate in accordance with applicable law and insurance requirements and in order for the Agency to provide quality and efficient care, it may be necessary for the Agency to compile, use and/or

disclose your child's PHI. For example, the Agency may use your child's PHI in order to evaluate the performance of the Agency's personnel in providing services to your child.

### **AUTHORIZATION NOT REQUIRED**

1. The Agency may use and/or disclose your child's PHI, without a written Authorization from you, in the following normal situations:

(a) **De-identified Information** – Your child's PHI is altered so that it does not identify him/her and even without your child's name, cannot be used to identify him/her.

(b) **Business Associate** – To a business associate, which is someone who the Agency contracts with to provide a service necessary for your child's treatment, payment for your child's treatment and health care operations (e.g., billing service or transcription service). The Agency will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your child's PHI.

(c) **To You or a Personal Representative** – To you, or a person who, under applicable law, has the authority to represent your child in making decisions related to your child's health care.

2. The Agency may use and/or disclose your child's PHI, without a written Authorization from you, in the following special situations:

(a) **Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.

(b) **Food and Drug Administration** - If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

(c) **Abuse, Neglect or Domestic Violence** - To a government authority if the Agency is required by law to make such disclosure. If the Agency is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Agency believes that your child has been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

(d) **Health Oversight Activities** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

(e) **Judicial and Administrative Proceeding** - For example, the Agency may be required to disclose your child's PHI in response to a court order or a lawfully issued subpoena.

(f) **Law Enforcement Purposes** - In certain instances, your child's PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or

missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Agency; and (6) a medical emergency (not on the Agency's premises) has occurred, and it appears that a crime has occurred.

(g) **Coroner or Medical Examiner** - The Agency may disclose your child's PHI to a coroner or medical examiner for the purpose of identifying him/her or determining his/her cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

(h) **Organ, Eye or Tissue Donation** - If your child is an organ donor, the Agency may disclose your child's PHI to the entity to whom you have agreed to donate his/her organs.

(i) **Research** - If the Agency is involved in research activities, your child's PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your child's PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

(j) **Avert a Threat to Health or Safety** - The Agency may disclose PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(k) **Specialized Government Functions** - When the appropriate conditions apply, the Agency may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Agency may also disclose your child's PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

(l) **Inmates** - The Agency may disclose PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional Agency and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

(m) **Workers' Compensation** - If you are involved in a Workers' Compensation claim, the Agency may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

(n) **Disaster Relief Efforts** - The Agency may use or disclose your child's PHI to a public or private entity authorized to assist in disaster relief efforts.

(o) **Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

## **AUTHORIZATION**

Use and/or disclosure of your child's psychotherapy notes (if applicable) that do not fall within certain limited exceptions, use of your child's PHI for marketing purposes, disclosures resulting from the sale of your PHI, and any other use and/or disclosure not described above will not be made without your written Authorization, which you may revoke at any time.

## **TREATMENT ALTERNATIVE/BENEFITS**

The Agency may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

## **MARKETING**

The Agency may only use and/or disclose your child's PHI for marketing activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your child's care or treatment. However, marketing does not include, for example, sending you a newsletter about this Agency. Marketing also includes the receipt by the Agency of remuneration, directly or indirectly, from a third party whose product or service is being marketed to you. The Agency will inform you if it engages in marketing and will obtain your prior Authorization.

## **FUNDRAISING**

The Agency may use and/or disclose some of your child's PHI in order to contact you for fundraising activities supportive of the Agency. Any fundraising materials sent to you will describe how you may opt out of receiving any further communications.

## **FAMILY/FRIENDS**

The Agency may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your child's PHI directly relevant to such person's involvement with your child's care or the payment for your child's care. The Agency may also use or disclose your child's PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your child's care, of your child's location, general condition or death. However, in both cases, the following conditions will apply:

(a) The Agency may use or disclose your child's PHI if you agree, or if the Agency provides you with opportunity to object and you do not object, or if the Agency can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

(b) If you are not present, the Agency will, in the exercise of its judgment, determine whether the use or disclosure is in your child's best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your child's care.

## **YOUR RIGHTS**

1. You have the right to:

(a) Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Agency's Privacy Officer.

(b) Request restrictions on certain use and/or disclosure of your child's PHI as provided by law, but the Agency is not obligated to agree to any requested restrictions. However, the Agency must agree to a request to restrict disclosure of your child's PHI to a health plan if: the disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and the PHI pertains solely to a health care item or service for which you or someone else has paid the Agency in full. To request restrictions,

you must submit a written request to the Agency's Privacy Officer. In your written request, you must inform the Agency of what information you want to limit, whether you want to limit the Agency's use or disclosure, or both, and to whom you want the limits to apply. If the Agency agrees to your request, the Agency will comply with your request unless the information is needed in order to provide your child with emergency treatment.

(c) Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Agency's Privacy Officer. The Agency will accommodate all reasonable requests.

(d) Inspect and copy your child's PHI as provided by law. To inspect and copy your child's PHI, you must submit a written request to the Agency's Privacy Officer. In certain situations that are defined by law, the Agency may deny your request, but you will have the right to have the denial reviewed. The Agency can charge you a fee for the cost of copying, mailing or other supplies associated with your request.

(e) Amend your child's PHI as provided by law. To request an amendment, you must submit a written request to the Agency's Privacy Officer. You must provide a reason that supports your request. The Agency may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by the Agency (unless the individual or entity that created the information is no longer available), if the information is not part of your child's PHI maintained by the Agency, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Agency's denial, you have the right to submit a written statement of disagreement.

(f) Receive an accounting of disclosures of your child's PHI as provided by law. To request an accounting, you must submit a written request to the Agency's Privacy Officer. The request must state a time period which may not be longer than six years. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12-month period will be free, but the Agency may charge you for the cost of providing additional lists in that same 12-month period. The Agency will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

(g) Receive a paper copy of this Privacy Notice from the Agency upon request to the Agency's Privacy Officer.

(h) Be notified following a breach of your child's unsecured PHI if so required by law.

(i) Complain to the Agency, or to the Secretary of Health and Human Services, Office of Civil Rights. You may contact a regional office of the Office of Civil Rights, which can be found at [www.hhs.gov/ocr/office/about/rgn-hqaddresses.html](http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html). To file a complaint with the Agency, you must contact the Agency's Privacy Officer. All complaints must be in writing.

(j) To obtain more information on, or have your questions about your rights answered, you may contact the Agency's Privacy Officer, Kim Condon, at 585-385-6287, ext. 2100, or via email at [kcondon@daystarkids.org](mailto:kcondon@daystarkids.org).

## **AGENCY'S REQUIREMENTS**

1. The Agency:

(a) Is required by law to maintain the privacy of your child's PHI, and to provide you with this Privacy Notice of the Agency's legal duties and privacy practices with respect to your child's PHI.

(b) Is required to abide by the terms of this Privacy Notice.

(c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your child's entire PHI that it maintains.

(d) Will not retaliate against you for making a complaint.

(e) Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

(f) Will post this Privacy Notice on the Agency's web site if the Agency maintains a web site.

(g) Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

## **EFFECTIVE DATE**

This Notice is in effect as of January 1, 2022. Daystar for Medically Fragile Children, Inc. dba/ DAYSTAR KIDS.