**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 IT CAREFULLY.

As required by law, we have created this Notice to inform you of our legal duties and privacy practices with respect to your protected health information ("PHI"). We may use or disclose your PHI for purposes of treatment, payment, or health care operations as described in this Notice.

To obtain a copy of our Notice, you may write to, call or visit Nicklaus Children’s Health System and affiliated entities, including Nicklaus Children’s Hospital and outpatient facilities listed on the page signature. Each year we will mail a Notice to all active patients. For purposes of this Notice, we refer you to Nicklaus Children’s Hospital and affiliated entities, including Nicklaus Children’s Hospital and outpatient facilities. We will not change your PHI or our PHI handling practices or terms of this Notice without your written consent.

Notwithstanding any other provision of this Notice, we may disclose your PHI as described below in the categories described in this Notice. We may disclose your PHI to any of the following categories.

**Services**

- **Our Pledge** - We are committed to protecting this information. We may use and disclose your PHI to contact you to provide appointment reminders.
- **Fundraising Activities** - We may use and disclose your PHI to contact you to provide fundraising opportunities.
- **Research** - We may disclose your PHI to researchers after you have been notified of the research and given the opportunity to opt-out.
- **Treatments and Services** - We may use and disclose your PHI to provide treatment and services to you.
- **Payment** - We may use and disclose your PHI to obtain payment services provided to you.
- **Health Care Operations** - We may use and disclose your PHI to conduct operations.

**Right to Access** - You have the right to request a copy of your PHI. If you request this in writing, we will respond in a timely manner.

**Right to Amend** - You have the right to request an amendment to the PHI that you believe is incorrect or incomplete. If we agree with the amendment, we will make the correction to the PHI and include an indication that the amendment was made in the PHI.

**Right to康复** - You have the right to request to receive an alternate format of the Notice. This right is protected by law, so we will not charge a fee for this service.

**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. We will consider all reasonable requests, but we are not required to agree to them.

**Right to File a Complaint** - If you believe your rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

**Right to an Electronic Copy** - You have the right to receive a copy of your PHI electronically if you agree to receive it electronically. We will provide you with additional information as required by law.

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**Revised (July 17, 2020)**