To request an amendment, your request must be made in writing and submitted to the Director/Manager of Medical Records, Cook Children’s Medical Center, 801 Seventh Avenue, Fort Worth, Texas 76104. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In such a case, we may deny your request if you ask us to amend information that:

- Was not created by us, the person or entity that created the information is no longer available to make the amendment; or
- Is not part of the information which would be permitted to inspect and copy; or
- Is accurate and complete; or
- For other reasons provided by State Law.

If we deny your request for amendment, we will notify you and provide reasons for the denial.

Right to an Accounting of Disclosures - You have the right to request a list of disclosures (also called an accounting of disclosures) we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Director/Manager of Medical Records.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen to review the request will not be the person who denied your request. We will notify you of the outcome of this review and comply.

Right to Amend - If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization.

To request an amendment, your request must be made in writing and submitted to the Director/Manager of Medical Records. Cook Children’s Medical Center, 801 Seventh Avenue, Fort Worth, Texas 76104. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In such a case, we may deny your request if you ask us to amend information that:

- Was not created by us, the person or entity that created the information is no longer available to make the amendment; or
- Is not part of the information which would be permitted to inspect and copy; or
- Is accurate and complete; or
- For other reasons provided by State Law.

If we deny your request for amendment, we will notify you and provide reasons for the denial.

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. To request confidential communications, you must make your request in writing to the Director/Manager of Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our web-site, www.cookchildrens.org. To obtain a paper copy of this notice, please contact the Director/Manager of Medical Records.

CHANGES TO THIS NOTICE
We reserve the right to change this notice. We reserve the right to make the revised 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 appropriate areas and on our web-site. In addition, each time you register or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with Cook Children’s by contacting the Patient Representative at 682-885-1358 or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Cook Children’s Privacy Officer Contact: 682-885-1358
Effective Date: June 1, 2007
HEALTH CARE PROVIDERS
PHYSICIAN NETWORK PHYSICIANS AND OTHER
E-MAIL COMMUNICATIONS  WITH COOK CHILDREN'S

• Follow the terms of the notice that is currently in effect.
• Make sure that medical information that identifies you is kept private;
• Disclose medical information about you when necessary to prevent the threat.

This notice applies to all of the records of your care generated by Cook Children's. Your personal doctor may have different policies or notices regarding the disclosure of your medical information.

For Treatment - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, and other personnel when they need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different units or physical locations of Cook Children's may also need to see medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to other people outside Cook Children's who may be involved in your care, such as family members, clergy or others we use to provide services that are part of your care.

For Payment - We may use and disclose medical information about you so that the treatment and service you receive may be billed to and payment may be collected. For example, we may need to give your health insurance company information about you in order to receive payment for the surgery. We may also tell your health plan about your surgery so your health plan will pay us or reimburse us for the surgery. We may also tell your family or friends your condition and that you are receiving treatment. In addition, we may disclose medical information about you to an entity authorized by law to conduct certain activities on behalf of or at the direction of Cook Children's. These activities may be funded by Cook Children's fees, state, local or Federal funds, or a combination of Cook Children's fees and Federal/ State/Local funds. We may use and disclose medical information about you to your health plan when we have your consent or if we receive an authorization to do so from your health plan.

For Health Care Operations - We may use and disclose medical information about you for operations that are necessary to our ability to provide quality care to you and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Cook Children's. Your personal doctor may have different policies or notices regarding the disclosure of your medical information.

This notice will tell you about the ways in which we may use and disclose medical information about you and describe your rights and our obligations.

We are required by law to:
• Make sure that medical information that identifies you is kept private;
• Give you this notice of our legal duties and privacy practices with respect to medical information about you;
• Follow the terms of the notice that is currently in effect.

E-MAIL COMMUNICATIONS WITH COOK CHILDREN'S PHYSICIAN NETWORK PHYSICIANS AND OTHER HEALTH CARE PROVIDERS - If you communicate with a Cook Children's health care provider by email for any reason, those communications become part of your Cook Children's medical record covered by this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information about you. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, and other personnel who are involved in taking care of you. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different units or physical locations of Cook Children's may also need to see medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to other people outside Cook Children's who may be involved in your care, such as family members, clergy or others we use to provide services that are part of your care.

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