



CHILDREN'S HOSPITAL COLORADO UNIVERSITY OF COLORADO DENVER, SCHOOL OF MEDICINE JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT 720-777-5834 OR PRIVACY@CHILDRENSCOLORADO.ORG IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Children's Hospital Colorado ("Children's Colorado" or "We" or "Our") understand that information about you and your health is personal and sensitive. Our primary responsibility for your protected health information ("PHI") is to keep it safe. Each time you visit the hospital, we create a record of the care and services you receive. Your health information includes any record we create or maintain to provide care to you, to obtain payment for that care, or other records used to make decisions about your care and treatment, including information in your medical record and billing records. We need this information to provide you with quality care and to comply with certain legal requirements. Children's Colorado may also provide substance use disorder treatment in compliance with 42 CFR Part 2. Children's Colorado will only use and disclosure your PHI as described in this notice, or with your written consent.

The Health Insurance Portability and Accountability Act ("HIPAA") federal privacy law requires us to:

- provide this notice to you,
- implement safeguards to maintain the privacy of your health information, and
- follow the terms of this notice as currently in effect.

This notice does not apply to health information that is not subject to HIPAA, Part 2 or similar state health information privacy laws, or information used or shared in a manner that cannot identify you. This notice does not apply to any Children's Colorado health plan or to Children's Colorado as an employer. Any Children's Colorado health plan is considered a separate covered entity for the purpose of HIPAA and has its own notice of privacy practices. Further, this notice only applies to those parts of Children's Colorado's websites and mobile device applications where you can access your PHI or interact with a clinician regarding your specific care, such as Children's Colorado's patient portal with respect to your PHI. However, these websites and applications may contain additional terms associated with your use. You should review those terms as well as the website terms contained on the Children's Colorado website that you visit.

This notice describes:

- How health information about you may be used and disclosed,
- Your rights with respect to your health information, and
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

As a parent/legally authorized representative of a minor patient at the hospital, you are the patient's "personal representative." Please read this notice with the understanding that we are discussing "you" to mean the patient. PHI of minors will generally be disclosed to their parents or legal guardians acting as personal representatives, unless prohibited by law or in circumstances where the law permits us to withhold PHI, such as to prevent harm to the minor or another person or in cases of suspected child abuse or neglect.

This notice applies to all of the records of your care generated by any of the Children's Colorado facilities, our medical staff, and the physicians, residents, medical and allied health students affiliated with the University of Colorado - School of Medicine when they are working within Children's Colorado facilities under an Organized Health Care Arrangement ("OHCA"). This notice also applies to the privacy practices of the Pediatric Care Network and its participants, the largest clinically integrated network in Colorado dedicated exclusively to children, for our joint activities relating to pediatric community health.

Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-777-1234.

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HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways in which we use your health information internally and release your health information to persons outside Children's Colorado that do not require any separate oral or written permission from you, which may include processing health information through artificial intelligence technologies for such purposes. We have not listed every use or release of information within the categories, but all permitted uses and disclosures will fall within one of the following categories. However, applicable laws governing sensitive information (including behavioral health information, drug and alcohol treatment information, reproductive health information, and information related to HIV/AIDS or other communicable diseases) may further limit these uses and disclosures. You may have additional rights under other applicable state or federal law. Applicable state or federal laws that provide greater privacy protection or broader privacy rights will continue to apply and we will comply with such laws to the extent they are applicable.

Treatment. We may use or disclose your health information, including information about your mental health treatment, to provide you with medical treatment and healthcare services. We may share your health information with or request it from doctors, nurses, technicians, medical students, interns, health information exchanges, or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care. Unless you request a restriction and to the extent permissible under federal and state privacy laws, we will make reasonable efforts to notify your primary care provider and other providers who need to receive notification of your status for treatment, care coordination, or quality improvement purposes when you are admitted to a Children's Colorado emergency department or inpatient unit, when you are discharged from a Children's Colorado emergency department or inpatient unit, or when Children's Colorado transfers your care, all in compliance with federal and state law.

Payment. We may use or disclose your health information so the treatment and services you receive may be billed to and payment collected from you, an insurance company, or another third party. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan. We may disclose certain information to the person responsible for paying for your care in an attempt to obtain payment for that care.

Health Care Operations. We may make uses or disclosures of your health information that are necessary to operate Children's Colorado, our healthcare facilities and maintain and improve care. Some of these uses may include quality assurance activities; credentialing and privileging medical staff members; administrative activities, including our financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities. We may also use and disclose your information to notify you and other legally required entities of a breach of your unsecured information or as part of the breach investigation process, as required by law. If all or a portion of our business is sold, acquired, or merged with another entity, your PHI may become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another provider.

Business Associates. Some services are provided in our organization through contracts with third parties who are our business associates. We may share your health information with our business associates so that they can perform the job we have asked them to do. We require our business associates to sign a contract that states they will appropriately protect your information. Examples of business associates include transcription and information storage services, management consultants, quality assurance reviewers, and auditors.

Appointment Reminders. We may use health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility. These reminders may be through MyChart, phone, mail, email or text messaging, including automated reminders.

Research. Research studies require an Institutional Review Board to review and approve research protocols for protection of the individuals that participate. When a research study involves your treatment, we may share your health information with researchers after you have signed a consent and authorization form. You do not have to sign the consent and authorization form to receive treatment from us, but if you do refuse to sign the consent and authorization form, you cannot be part of the research study.

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Sometimes, an IRB may issue a waiver allowing the research study to take place without you needing to sign a consent and authorization to share your information. Waivers are granted only when the IRB determines appropriate safeguards are in place to protect the privacy of your personal health information.

Some situations in which a waiver may be issued include:

- To allow researchers to look at information to determine if a research project can be done
- To allow researchers to contact you directly to see if you might be interested in participating in a specific research study
- When it is not possible to get your authorization
- When large sets of data are used and may include your information

We may also contact you to let you know about research projects in which you may want to know about or participate in. We may contact you by phone, email, MyChart, or mail.

Public Health Activities. We may share your health information for public health activities. These generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications, problems with products or other adverse events;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.

Limited Data Sets. We may create a limited data set from your PHI, which will only include any dates related to you or your care and/or geographic locations by zip code or geo-codes. We will never include your specific address. All other identifiers will be removed from the data set. A limited data set can be used for purposes of research, public health, and health care operations. We may send a limited data set to other entities for these purposes with an appropriate data use agreement.

Organ and Tissue Donation. If you are an organ donor, we may share your health information with organizations that handle organ procurement or organ, eye or tissue transplantation, or with an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may share your health information as required by military command authorities.

Averting a Serious Threat to Health or Safety. We may disclose your PHI to the appropriate government agency if we believe that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees to the disclosure or we are otherwise permitted or required by law to do so. Additionally, we may use and share your health information when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. This information would only be shared with someone able to help prevent the threat. State laws may require such disclosure when an individual or group has been specifically identified as the target or potential victim.

Health Oversight Activities. We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for government agencies to monitor the health care system, government programs, and compliance with laws.

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Worker's Compensation. We may share your health information for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits for work related injuries.

Lawsuits and Disputes. We may use and disclose your PHI in conjunction with judicial or administrative proceedings or for purposes of litigation as permitted by law. We may also share your PHI in response to an administrative or court order, or in response to a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or that efforts were made to secure a qualified protective order.

Law Enforcement. We may share your health information if asked to do so by law enforcement officials in the following circumstances:

- when we receive a court order, subpoena, warrant, summons or similar process that meets all legal requirements;
- to identify or locate a suspect, fugitive, material witness or missing person;
- when the patient is the victim of a crime if we are unable to obtain the person's agreement;
- when we believe the patient's death may be the result of criminal conduct;
- criminal conduct at our facility;
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Home Directors. We may share your health information with a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also share health information about patients at our facility with funeral home directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may share your health information with the correctional institution or the law enforcement official when necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

Legal Requirements. We will share your health information without your permission when required to do so by federal, state or local law.

De-identification. We may remove information that identifies you so that the remaining information can be used or disclosed for purposes outside of this notice. We may also share your PHI with a Business Associate for such purposes. Once appropriately de-identified, the resulting de-identified data is no longer subject to this notice and may be used and disclosed by us or our vendors and partners in any manner permitted by law, including to train artificial intelligence technologies or in return for remuneration.

SITUATIONS WHERE YOU WILL HAVE THE OPPORTUNITY TO OBJECT

Directory Information. The hospital has a "facility directory" of information about patients that are hospitalized or receiving same-day surgery, or otherwise receiving services at our emergency and urgent care facilities. This directory information is available to anyone who asks for a patient by name. The law permits us to give out the following information:

- 1) the patient's name,
- 2) general location within the hospital,
- 3) general condition (good, fair, serious, critical, deceased), and
- 4) religious affiliation (available to clergy only even where they do not ask for you by name).

You have the right to refuse to have your information included in the facility directory. If you refuse to have your information released, we will not be able to tell your family or friends your room number or that you are in the

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hospital. However, if you are aged 17 or under, we will provide your location to your legally authorized representative.

Disaster Relief Organizations. We may share your health information with an entity assisting in a disaster relief effort (such as the Red Cross) to coordinate care and so that your family and friends can be notified about your condition, status, and location. Whenever possible, we will provide you with an opportunity to agree or object.

Fundraising. We may use and disclose limited health information to Children's Hospital Colorado Foundation to contact you as part of a fundraising effort for the mission of Children's Colorado. If you receive a communication from us for fundraising purposes, you will be informed on how to opt out of any further fundraising communications if you wish, or you can let us know by contacting us at 720-777-1700 or email info@childrenscoloradofoundation.org.

Individuals Involved in Your Care or Payment for your Care. We may share your health information with a friend, family member, or other person identified by you who is involved in your medical care, unless you tell us in advance not to do so. We may share your PHI with these persons if you are present or available before we share your PHI with them and you do not object to our sharing your PHI with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply.

HIEs. We participate in Health Information Exchanges (HIEs), including Colorado Regional Health Information Organization (CORHIO) and CareEverywhere, which facilitate the provision of access to and sharing of your health information with other participants of these HIEs for permissible purposes, such as treatment and payment purposes. We also notify your health care providers of admission, discharge, and transfers through an HIE. . If you wish to opt out, please notify us in writing at careeverywhere@childrenscolorado.org. We will comply with your request unless disclosure is required by law. If you opt out of participating in these HIEs, your PHI will no longer be provided to other health care entities through the HIE. However, your decision does not affect the PHI that was exchanged prior to the time you opted out of participation. Your information may still be shared for permissible purposes with other health care entities through other methods, such as email, fax or mail.

HOW WE MAY USE AND DISCLOSE YOUR SUBSTANCE USE DISORDER RECORDS

Federal law protects the confidentiality of substance use disorder patient records and places additional restrictions on the use or disclosure of such health information. A substance use disorder ("SUD") is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance (such as drugs or alcohol, but not including tobacco or caffeine) despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. If you receive services from Children's Colorado covered by such laws, Children's Colorado complies with the federal Confidentiality of Substance Use Disorder Patient Records laws and regulations that protect information regarding SUD diagnosis, treatment, and referral for treatment. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations (collectively, "Part 2").

Please note that Part 2 does not protect all SUD information that Children's Colorado may have. Part 2 applies to certain programs (which could be limited to certain programs, persons, or departments of Children's Colorado) that are federally funded and hold themselves out as and/or have the primary purpose of providing SUD treatment, diagnosis, or referral for treatment. Additionally, if Children's Colorado receives records regarding your SUD from another Part 2 program pursuant to your specific consent, Part 2 generally will continue to protect such records. Where Part 2 is applicable, Children's Colorado will not disclose your SUD records, that you are enrolled in a Part 2 program, or any other information that would identify you as having or having had a SUD (collectively, "SUD Records") except in compliance with this Section. If SUD Records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations or are disclosed by you or another person involved in your care to a non-Part 2 provider at Children's Colorado, we or our business associates may use and disclose such health information without your written consent to the extent that the HIPAA

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regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI. However, any SUD Record, or testimony relating the content of such SUD Records, shall not be used or disclosed in a civil, administrative, criminal, or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. Your SUD Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you, Children's Colorado or other holder of the SUD Record in accordance with Part 2. A court order authorizing use or disclosure of SUD Records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the SUD Records may be used or disclosed.

We will obtain your written consent to use and disclose your SUD Records unless we are permitted to use and disclose SUD Records without your written consent consistent with Part 2 and HIPAA. The following are certain circumstances under which we may request or require your consent to use or disclose your SUD Records:

Designated person or entities. We may use and disclose your SUD Records in accordance with the consent to any person or category of persons identified or generally designated in the consent. For example, if you provide written consent naming your spouse or a healthcare provider, we will share your health information with them as outlined in your consent.

Single Consent for Treatment, Payment, or Healthcare Operations. We may also use and disclose your SUD Records when the consent provided is a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, as permitted by the HIPAA regulations, until such time you revoke such consent in writing. This consent is included in Children's Colorado's general consent to treat and will apply to all future uses or disclosures for treatment, payment, and health care operations. If you refuse to sign the consent, you will not be able to receive treatment under a Part 2 program within Children's Colorado. Records that are disclosed to a Part 2 program, covered entity, or business associate pursuant to a written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure. You may revoke your consent at any time, except to the extent that Children's Colorado has acted in reliance upon it. You may submit your request to revoke consent in writing to the Privacy Officer at privacy@childrenscolorado.org. You may request a reasonable accommodation for an alternative revocation process by contacting the Patient Relations team at patientrelations@childrenscolorado.org or 720-777-1010.

Central Registry or Withdrawal Management Program. We may disclose your SUD Records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments, with your written consent. For instance, if you consent to participating in a drug treatment program, we can disclose your information to the related program to coordinate care and avoid duplicate enrollment.

Criminal Justice System. We may disclose information from your SUD Records to those persons within the criminal justice system who have made your participation in the Part 2 program a condition of the disposition of any criminal proceeding against you. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of legal agreement or sentencing conditions. **Your right to revoke such consent may be more limited and should be clearly explained on the consent you sign.**

PDMPs. We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program ("PDMP") if required by applicable state law. We will first obtain your consent to a disclosure of SUD Records to a prescription drug monitoring program prior to reporting of such information.

The following categories describe the ways that we may use and disclose your SUD Records without your written consent under Part 2:

Medical Emergencies. We may disclose your SUD Records to medical personnel to the extent necessary to meet a bona fide medical emergency in which the your prior written consent cannot be obtained or in which we are closed and unable to provide services or obtain your prior written consent during a temporary state of

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emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. Children's Colorado will obtain your authorization prior to disclosing your information for non-emergency treatment. Children's Colorado may also disclose your SUD Records to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction, and that your SUD Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.

Research. Under certain circumstances, Children's Colorado may use and disclose your SUD Records without your consent for research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your SUD Records for research purposes without your consent to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.

Management and Financial Audits and Program Evaluation. Under certain circumstances we may use or disclose your SUD Records for purposes of the performance of certain program financial and management audits and evaluations. For example, we may disclose your identifying information to any federal, state, or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of Part 2 program. We may also use or disclose your identifying information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payer or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors, or legal representatives of such person or QIO, or an entity with direct administrative control over our program.

Fundraising. Consistent with provisions elsewhere in this Notice, we may also use or disclose your SUD Records for fundraising purposes.

Public Health. We may use or disclose to a public health authority your SUD Records for public health purposes. However, the contents of the information from the SUD Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.

Court Order. We may use or disclose you SUD Records consistent with an appropriate court order issued under Part 2's requirements.

Part 2 does not protect health information about a crime committed on Children's Colorado's premises or against any Children's Colorado personnel or about any threat to commit such crime. Part 2 also does not prohibit the disclosure of health information by Children's Colorado to report suspected child abuse or neglect under state law to appropriate state or local authorities. The restrictions on use and disclosure in Part 2 do not apply to communications of SUD Records between or among personnel having a need for them in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with SUD if the communications are within the program (or with an entity that has direct administrative control over the program the communications between a part 2 program) and to communications of SUD Records to a qualified service organization if needed by the qualified service organization to provide services to or on behalf of Children's Colorado (similar to provisions herein regarding Business Associates). To the extent applicable state law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent state law.

SITUATIONS THAT REQUIRE YOUR WRITTEN "AUTHORIZATION"

Other uses of PHI (including SUD Records) not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). This includes where a more stringent state or federal law would require an authorization. Some typical situations that require your authorization are as follows:

Marketing. We may ask you to sign an authorization to use or disclose PHI as part of a marketing effort. The authorization will state whether we will receive any direct or indirect compensation for the marketing. Your

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authorization is needed except for face-to-face communications we make to you or for promotional gifts of nominal value. Marketing is defined as a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, except communications made:

- to describe a health-related product or service that we provide;
- for your treatment;
- for case management or coordination of your care, or to direct or recommend alternative treatments, therapies, providers, or settings of care to you; or
- To provide refill reminders about a drug or biologic that is currently being prescribed for you, only if the financial remuneration we receive in exchange for the communication is reasonably related to our cost of making the communication.

Sale of Electronic Health Records or PHI. We may not sell PHI unless authorized by you. An authorization is not needed if the purpose of the exchange is for:

- treatment, payment or certain healthcare operations purposes, including the sale, merger or consolidation of a covered entity;
- public health activities;
- research purposes where the price charged reflects the cost of preparing and transmitting the information;
- performance of services by a business associate on our behalf;
- providing you with a copy of the PHI maintained about you; or
- other reasons determined necessary and appropriate by the Secretary or by law.

Disclosure of Psychotherapy Notes/SUD Counseling Notes. Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes or SUD counseling notes. Some circumstances in which we will disclose these notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.

Disclosures Requested by Children's Colorado. We may ask you to sign an authorization allowing us to use or to share your health information with others for specific purposes such as notifying you of future educational or social events that you might enjoy.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is our physical property, the PHI (including SUD information) in the health record belongs to you and you have certain rights with respect to it. You have the right to:

Request a restriction on certain uses of your PHI. You must submit your request in writing, and include 1) what PHI you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your legally authorized representative. We will review all requests, but we are not required by law to agree to your request unless it is a restriction on health information to your health plan for payment or health care operations where you have paid the full cost of the service to which the information relates. Even when we agree to a restriction, we may still share your information during a medical emergency or as required by state or federal law. You may request a restriction by contacting the Health Information Management in writing at release.restrictions@childrenscolorado.org.

Obtain a record of the sharing/disclosures of your health information ("accounting of disclosures"). The accounting will only list information shared within the previous 6 years for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization. The accounting will include information about who received your protected records, the date of the disclosure, and a brief description of the information that was disclosed. You must submit your request in writing to Health Information Management to: AccountingofDisclosures@childrenscolorado.org.

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Inspect and request a copy of your PHI in the designated record set for a reasonable fee. Under federal law, you may not inspect or copy the following types of records: psychotherapy notes or SUD counseling notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. To inspect, copy or otherwise electronically access your PHI in the designated record set, you must submit your request in writing. Where permitted by law, we may charge a reasonable 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 we deny you access to your PHI for certain reasons, we will provide you with an opportunity to request that the denial be reviewed. A licensed health care professional chosen by us will perform such a review. This person will not be the same person who refused your request. You may send your written requests for the above rights to: ROI@childrenscolorado.org

- **To a summary or explanation of your PHI:** You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the PHI to which you were provided access when you request your entire record.
- **To obtain an electronic copy of medical records:** You have the right to request an electronic copy of your medical records for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. We provide MyChart as one option for patients to electronically access their PHI. You may set up access to MyChart by contacting the MyChart Help Desk at mychart@childrenscolorado.org or 720-777-HELP option 3. There is no fee for you to access information through MyChart.

Request an amendment to your PHI in a designated record set if you feel the information is incorrect or incomplete. We may deny your request for an amendment if:

- it is not in writing,
- does not include a reason to support the request,
- the information was not created by our healthcare team, unless the person or entity that created the information is no longer available to make the amendment,
- it is not part of the information kept by our facility,
- it is not part of the information which you would be permitted to inspect and copy,
- the information already in the record is accurate and complete.

Please note that even if we accept your request, we are not required to delete or modify any information from your health record. If we disagree with your request, we will notify you in writing and you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question. You may send your written requests for the above rights to: ROI@childrenscolorado.org.

Revoke your authorization to use or share health information. You may cancel your previous authorizations in writing at any time. If you cancel your authorization, we will no longer use or share your health information previously allowed under the authorization. This will not apply to any prior actions taken in response to a valid authorization. You may send your written requests for the above rights to: ROI@childrenscolorado.org

Receive notification of a breach of your information. You will receive notification if at any time we determine that your unsecured health information has been breached under criteria established by law.

Request communication of your health information by alternative means or to alternative locations. We will make reasonable efforts to honor any reasonable requests when you provide an alternative address/contact information and information on how payment will be handled. You do not have to disclose the reason for your request.

Children's Hospital Colorado complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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Obtain a copy of this Notice of Privacy Practices upon request. This Notice is available at any of our departments, and is also on our website at: <https://www.childrenscolorado.org/your-visit/after-your-visit/your-bill/hipaa/>. You can also obtain a paper copy by contacting our Privacy Officer, as provided under Contact below.

You have the right to appoint a personal representative, such as a medical power of attorney or if you have legal guardian. Parents are generally recognized as a personal representative of their minor children. Your personal representative may be authorized to exercise your rights and make choices about your PHI. We will confirm the person has this authority and can act for you before we take any action based on their request.

Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States. If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Patient Relations Program at:

Phone: 720-777-1010
Email: patientrelations@childrenscolorado.org
Mailing 13123 E. 16th ave, B220
Address: Aurora, CO 80045

Your complaint will be forwarded to the Privacy Officer and will be fully investigated. There will be no retaliation for filing a complaint.

You may also file a complaint with the Department of Health and Human Services, Office for Civil Rights. Information regarding how to file a complaint with this agency can be found online at: www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html. You may also call 202-619-0257 (toll free 877-696-6775), or mail to Secretary of the US – Department of Health and Human Services, 200 Independence Ave S.W., Washington, D.C. 20201.

SHARING THROUGH APPLICATION PROGRAMMING INTERFACES. You have the right to request or authorize that your electronic PHI in your designated record set be transmitted to you or another person or organization through an application programming interface ("API"). APIs are computer coding mechanisms that permit two or more electronic computer applications or software programs to communicate with each other and share information. Children's Colorado is required by law to comply with requests regarding API transmissions, subject to certain exceptions. You understand that PHI transmitted through an API at your request will no longer be under Children's Colorado's protection and control, will no longer be subject to the protections and rights outlined in this notice, and may no longer be subject to the same laws, regulations, policies or procedures regarding its confidentiality, security, privacy, use, or disclosure. You understand and agree that you make any request to Children's Colorado to transmit your PHI through an API at your own risk and you assume all liability for the consequences of such action taken by Children's Colorado at your direction. Children's Colorado cautions you to confirm any confidentiality, security, or privacy protections with respect to your transmitted PHI with the recipient of the PHI prior to submitting a request to Children's Colorado to transmit your PHI through an API.

NOTICE OF REDISCLOSURE. PHI that is disclosed pursuant to this notice may be subject to redisclosure by the recipient and no longer protected by HIPAA or Part 2. Law applicable to the recipient may limit their ability to use and disclose the PHI received, such as if they are another covered entity subject to HIPAA or a program or entity subject to Part 2.

CHANGES TO THIS NOTICE. We reserve the right to change this notice by posting changes to our website at <http://www.childrenscolorado.org>. We reserve the right to make the revised or changed notice effective for health 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 our facilities, and it will also be available on request.

CONTACT. If you have any questions or wish to discuss this notice, please contact our Privacy Officer at 720-777-5834 or privacy@childrenscolorado.org.

Effective Date: February 16, 2026

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