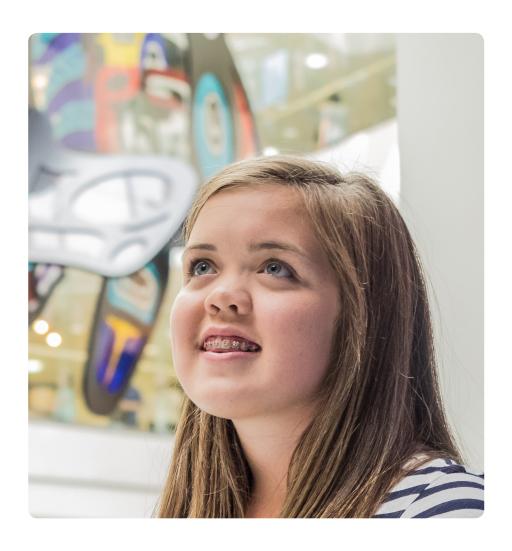
# **Notice of Privacy Practices**





## **Joint Notice of Privacy Practices**

## of Seattle Children's Hospital and Certain Other Providers

Notice effective 1/10/18

## **Summary**

While you are receiving care at Seattle Children's Hospital, doctors, nurses and others create and receive information about you, your health history and treatment. This is known as "your patient health information."

Most patients of Seattle Children's Hospital are children. When we talk about "you" or "your" in this notice, we are talking about the patient. It doesn't matter if the patient is a child or an adult. When we talk about "disclosures to you," we mean disclosures to the patient, the patient's legal representative, or a person allowed to receive information about the patient. We are responsible for protecting your health information.

We are required by law to:

- Protect the privacy of your information.
- Provide this notice about our privacy practices.
- Follow the privacy practices described in this notice.
- Notify you if your patient health information has been compromised.

You have certain rights. You may:

- See and receive copies of your patient health information.
- Ask for a change or addition to your patient health information.
- Ask for a list of ways your patient health information has been disclosed or shared outside Children's.
- · Ask us to contact you another way.
- Ask that we limit the use of your patient health information.
- Make a complaint about the privacy of your patient health information.

You may also:

- Ask us not to give your name and health status to callers and visitors during your hospital stay.
- Ask us not to share information with family members.

Following certain rules, we may use and share your patient health information:

- To perform treatment, healthcare operations or to get payment.
- To teach and train staff and students.
- To do research approved by an Institutional Review Board.
- As required or allowed by law, or with your written authorization.

The law provides extra protection for these types of patient health information:

- Sexually transmitted disease information (including HIV/AIDS)
- Drug and alcohol abuse treatment records
- · Mental health records

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

This notice describes your rights and our responsibility to protect the privacy of your patient health information. It tells you about laws that give you protection for this information. Children's privacy practices apply to all Children's patients.

This notice explains how your patient health information is used, and how and when it may be disclosed. It also tells you that we may change this notice and how you can find out about the changes.

## Healthcare providers covered by this notice

Children's works with other organizations and providers for healthcare services and other healthcare operations. This notice gives you information about the use and disclosure of your patient health information by these providers:

- Seattle Children's Hospital
- Seattle Cancer Care Alliance
- UW Medicine, which includes University of Washington Physicians and other University organizations
- UW School of Dentistry
- Children's University Medical Group
- In addition, other providers agree to follow this notice when they deliver care or other services at Children's facilities.

#### Children's

Children's includes organizations that work together and share patient health information. When it's appropriate, Children's shares your information to give clinical care services, get payment for these services and perform other joint healthcare operations. Children's is composed of its medical staff, healthcare providers, employees, contract staff, residents, students and volunteers at Children's facilities. These facilities include:

- · Seattle Children's Hospital
- · Odessa Brown Children's Clinic
- Children's Bellevue Clinic and Surgery Center
- Children's Outpatient Clinics in Washington, Alaska and Montana. See the current list at www.seattlechildrens.org/clinics-programs
- Children's Autism Center
- Children's Consulting Nurses
- Children's Home Care Services
- Children's Orthotics & Prosthetics
- Children's Prenatal Diagnosis and Treatment Program
- Garfield/NOVA Teen Clinic

## Your patient health information rights

You have rights for the use and disclosure of your patient health information. You may:

## Review and receive copies.

You have the right to look at or ask for a copy of your health record unless there are other protections under the law. You will need to make your request in writing. You may tell us if you would like to receive a paper copy or an electronic copy of the record. In some cases, you may be charged copying fees. You have a right to a timely response based on your state and federal regulations. You may request that we forward the copy to someone else.

Your patient health information rights:

- Review and receive copies
- Request a change or addition to your record
- Know about disclosures
- Request restricted use
- Receive confidential communications
- Make complaints

## Request a change or addition to your record.

If you think information in your record is not correct or that important information is missing, you have the right to ask that we correct or add information. You must make this request, in writing, to Children's Privacy Office. Your request must give a reason for the change or addition. We are not required to grant your request, but we will add a copy of your request to the record.

#### Know about disclosures.

You have the right to receive a list of disclosures of your patient health information that Children's has made as required by law. This list does not include disclosures related to treatment, payment or healthcare operations or disclosures you have authorized. The first request you make for your information in a 12-month period is free of charge. You will be charged a processing fee for any other requests made within the same 12 months. You can make your request to Children's Privacy Office.

## Request restricted use.

You have the right to ask Children's not to let your insurance company know about an item or service if you pay in full before we send a bill. Call Business Services at 206-987-5770 for more information. You also have the right to ask us in writing to restrict certain other uses and disclosures of your patient health information. We are not required to grant these requests, but we will honor any requests we do grant.

### Receive confidential communications.

You have the right to ask us to tell you about health matters in a certain way or at a certain location. You must request this in writing. For example, you may ask us to contact you only at work or only by mail. Your request must tell us how or where you want to be contacted. We will let you know if we will grant your request.

## Make complaints.

If you are concerned that we may have violated your privacy, or you disagree with a decision we have made about access to your records, you may file a complaint with Children's Privacy Office. Children's will not retaliate against you for filing a privacy complaint.

## How we use your patient health information

This notice applies to patient health information created at or received by Children's providers. It identifies you and relates to your past, present or future physical or mental condition. It also has to do with the care you receive, and past, present or future payment for the care. This information is often found in your health record. The main reasons we use your patient health information are to:

- Communicate among health professionals who help with your care.
- Provide a legal record for the care you receive.
- Send bills so that we can get payment for the care you receive.
- Let you or a third-party payer make sure your bill matches with the services you received.

Children's may also give information to:

- Teach health professionals.
- Support public health activities.
- Monitor, measure and improve the care we give and the results we achieve.
- Provide medical research data.
- Do planning for the organization.

Understanding your record and how your patient health information is used helps you to:

- Make sure the record is accurate.
- Learn who, what, when, where and why others may access your patient health information.
- Make an informed decision when you give permission to share information with others

## How we can use and disclose your information without your authorization

Here are some examples of how we may use and share your patient health information without your authorization:

#### **Treatment**

We may use and share your patient health information to give or arrange care for you. For example:

- Your doctors use your information to decide if they should order specific diagnostic tests, therapies and medications.
- Nurses, technicians or other employees may need to know about and talk about your information. They may use it to provide treatment and to measure your response to treatment.
- We may share your information with your other care providers in the community.

How we can use and disclose your information without your authorization:

- Treatment
- Payment
- Healthcare operations
- Training
- Research
- Contacting you
- Fundraising
- · Joint activities
- Health Information Exchange (HIE)
- Business Associates
- Other uses and disclosures

## **Payment**

We use and share your patient health information to get payment for healthcare services. For example, if you are covered by health insurance and we bill the insurance directly, we include information that identifies you, your diagnosis, procedures you received and supplies we used.

## **Healthcare operations**

We may use and share your patient health information to schedule, check and improve healthcare services. We may also use it to measure the performance of staff caring for you and others. For example, supervising doctors may look at your patient record to measure quality of care.

## **Training**

We may use and share your information to teach and train staff and students. For example, teaching doctors may look at patient health information with medical students.

#### Research

We may use and share your information for research. An Institutional Review Board (IRB) looks at each request to use or disclose information for research. An IRB looks at projects for safety and to make sure the rights of people who take part in the research are protected.

Your patient health information may be used or shared for some research without your consent. For example, we might:

- Look at medical charts to see if people who wear bicycle helmets get fewer head injuries.
- Use patient health information to decide if we have enough patients for a cancer research study.
- Include patient health information in a research database.

In these cases, an IRB first decides if we have a good reason to use your information without your permission. The IRB also makes sure we take steps to limit the use of your information. The IRB may let researchers record information that identifies you, if it is important for the research.

In all other cases, we must get your permission to use or share your information before you take part in a research project. We may share patient health information about you with researchers at other institutions with your permission, or if an IRB approves it.

## Contacting you

Your patient health information may be used to contact you. For example, we may call you or send you a letter to:

- Remind you about appointments.
- · Provide test results.
- Let you know about treatment options.
- Let you know about health education events or services.

## **Fundraising**

Children's may give patient health information like your name, address, phone number and dates of service to our Foundation and Guild Association. This information may be used to contact you about fundraising for Children's healthcare mission. If you are contacted for fundraising, you may request not to be contacted again. We must honor your request.

#### Joint activities

Providers may use or share your patient health information for joint activities with other individuals or organizations to:

- Provide clinical care services
- Make sure we receive payment for clinical care services
- Perform other joint healthcare operations. For example, we may share your
  patient health information for joint activities with doctor groups and other
  doctors who are part of Children's medical staff.

## Health Information Exchange (HIE)

Children's participates in a health information exchange (HIE). An HIE is an electronic system where hospitals, doctors and other healthcare providers share your health information. Participants in the HIE can access your patient health information as necessary for treatment, payment and healthcare operations. They may also access your information for joint activities with other individuals or organizations like to measure quality and improve services.

Your health information is automatically included in the HIE. If you choose not to share your health information through the HIE, you must opt out. To learn more, visit www.seattlechildrens.org/HIE or call 1-866-987-2000 ext. 7-4444 or 206-987-4444.

### **Business Associates**

Some of our services are provided by Business Associates. We may share your patient health information with them so they can do their jobs. Some examples of associates we use are management consultants, auditors, transcription services and information storage services. We require associates to sign contracts to protect your information.

#### Other uses and disclosures

We may share your patient health information to make healthcare services better, protect patient safety and public health, make sure we follow government and accreditation standards, and when otherwise allowed by law. For example, we may give information to:

- Healthcare oversight agencies for auditing or licensure
- Public health authorities about infectious diseases and vital records
- Government agencies when we suspect abuse or neglect
- Department of Health and Human Services to make sure we are compliant with the Health Insurance Portability Accountability Act (HIPAA) requirements
- Appropriate individuals to avoid a serious threat to health or safety, or to prevent serious harm to others
- Organizations that specialize in organ donation activities
- Law enforcement when required or allowed by law
- Courts when ordered, or by lawful subpoena
- The FDA
- Workers compensation programs
- · Coroners, medical examiners and funeral directors
- U.S. and foreign military authorities
- Government officials as required for specific government functions like national security
- Public or private organizations (such as FEMA or the American Red Cross) that are authorized by law to help in disaster relief efforts

## Uses and disclosures that must have your authorization

Other than the uses and disclosures listed in this notice, we will not use or share your patient health information without your written authorization. If you give us written authorization, you may cancel that authorization at any time unless:

- We require disclosure to get payment for services you have already received.
- We have already relied on the authorization.
- The law prohibits you from canceling it.

In some situations, the law provides special protections for specific kinds of patient health information like drug and alcohol treatment records and mental health records. When required by law, we will contact you to get written authorization to use or disclose that information.

We must have your written authorization before using or disclosing your patient health information for marketing purposes or before selling it.

## Times when you can ask us not to share your patient health information

## **Hospital Inpatient Directory**

If you are admitted to the hospital, we list you in a directory. This information only includes name, location in the hospital and general health condition (for example, "satisfactory," "serious," "critical"). Unless you tell us not to, we may provide this information to visitors or callers who ask for you by name. You can choose to put your family's religion on the admission form. If you do, we may give your name and location to clergy of your religion.

Times when you can ask us not to share your patient health information:

- Hospital Inpatient Directory
- Disclosure to family, friends or others

## Disclosure to family, friends or others

Unless you tell us not to, your healthcare providers will use their professional judgment to give appropriate patient health information to a family member, friend or other person you name.

## Other providers covered by this notice

## Seattle Cancer Care Alliance (SCCA)

SCCA operates together with Children's, UW Medicine and Fred Hutchinson Cancer Research Center to provide both inpatient and outpatient cancer care. Patient health information is shared among these organizations when appropriate for treatment, payment and certain joint healthcare operations. This notice applies to SCCA's use and disclosure of your information for treatment SCCA provides at Children's. For a description of SCCA's privacy practices, which apply to all other SCCA activities, please refer to its Notice of Privacy Practices.

## UW Medicine and UW School of Dentistry (UW SOD)

UW Medicine and UW SOD, through faculty doctors, dentists and other healthcare providers, provide or take part in clinical care services at Children's. Patient health information is shared among Children's and these organizations when appropriate for treatment, payment and certain joint healthcare operations such as peer review and quality improvement activities, accreditation activities and evaluation of trainees.

## Children's University Medical Group (CUMG)

Faculty doctors of the University of Washington School of Medicine who practice with CUMG, a nonprofit healthcare provider, provide or take part in clinical care services at Children's. Patient health information is shared between Children's and CUMG when appropriate for treatment, payment and certain joint healthcare operations. Examples include conducting quality assessment and improvement activities; reviewing the competence or qualifications of healthcare professionals; developing compliance programs; and engaging in business planning, development and management and general administrative activities.

## Discrimination is against the law

Seattle Children's complies with applicable federal and other civil rights laws and does not discriminate, exclude people or treat them differently based on race, color, religion (creed), sex, gender identity or expression, sexual orientation, national origin (ancestry), age, disability, or any other status protected by applicable federal, state or local law.

## Free aids and services for people with disabilities

Seattle Children's provides these free aids and services to help people with disabilities, such as patients and caregivers, communicate effectively with us:

- · Qualified sign language interpreters
- Written information in other formats (e.g., large print, audio, accessible electronic formats)

## Free language services

Seattle Children's provides these free language services to people, such as patients and caregivers, whose primary language is not English:

- Qualified interpreters
- Information written in other languages

If you need these services, tell the person helping you that you need assistance, or contact the Family Resource Center at 206-987-2201.

## Complaints?

## Seattle Children's Patient and Family Relations

If you believe Seattle Children's has failed to provide these services or discriminated in any way, you can file a formal complaint (grievance) with Patient and Family Relations:

- Phone/Interpreter: 206-987-2550 or 1-866-987-2000 (toll-free). For an interpreter, call 1-866-583-1527 and ask the interpreter to connect you with 206-987-2550.
- Online: www.seattlechildrens.org/familyfeedback
- Email: family.feedback@seattlechildrens.org
- Mail: Seattle Children's Hospital

M/S RB.7.420 PO Box 5371

Seattle, WA 98145-5005

If you need help filing a formal complaint (grievance), call the Patient and Family Relations number above and someone will help you.

#### OR

#### U.S. Department of Health and Human Services, Office for Civil Rights

You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Phone: 1-800-368-1019 | 1-800-537-7697 (TDD)
- Mail (Complaint forms are available at www.hhs.gov/ocr/office/file/index.html):

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F HHH Bldg.

Washington, D.C. 20201



If you do not speak English, or if you are Deaf, hard of hearing or Deaf/blind, we will provide interpretation services for you at no charge. Tell the person helping you that you need an interpreter or call the Family Resource Center at 206-987-2201.

አማርኛ Amharic እርስዎ እንግሊዝኛ ባይናንሩ ፣ ወይም መስጣት ወይም ጣየት የሚሳንዎት ከሆነ ለርስዎ ያለ ምንም ወጪ የአስተርጓሚነት አገልግሎት እንሰጣለን። አስተርጓሚ እንዴምፌልጉ ለሚረዳዎት ሰው ይንንሩት ወይም ወደ ቤታሰብ አንልግሎት ማዕከል (Family Resource Center) በ206-987-2201 ይደውሉ።

ترجمه العربية Arabic إذا كنت لا تتكلم الإنكليزية، أو كنت أصم، لديك صعوبة في السمع أو أصم/ ضرير، فإننا سوف نقدم لك خدمات الترجمة بدون مقابل أخبر الشخص الذي يساعدك بأنك بحاجة الى مترجم أو اتصل بمركز موارد العائلة على الرقم 200-987-2201 .

ភាសាខ្មែរ ៖ Cambodian ប្រសិនបើអ្នកមិនអាចនិយាយភាសាអង់គ្លេសបាន ឬអ្នកស្ដាប់មិនឮ ឬពិបាកស្ដាប់ឮ/ពិបាកមើលឃើញនោះ យើង នឹងផ្ដល់សៅបកប្រែនិយាយផ្ទាល់មាត់ដល់អ្នកដោយឥតគិតថ្លៃបាន ។ សូមប្រាប់អ្នកដែលជួយអ្នកថា អ្នកត្រូវការ អ្នកបកប្រែផ្ទាល់មាត់

ឬក៍ទូរស័ក្ខាទាមណ្ឌល់ជនជានគ្រិសារី (Family Resource Center)ក៍ជាន កាមលេខ ទូរស័ក្ខ 206-987-2201។

简体中文 Cantonese 如果您不说英语,或您患有耳聋、听力障碍或耳聋/眼盲,我们会为您提供免费翻译服务。请告诉接待人员您需要翻译,或致电家庭资源中心206-987-2201。

فارس*ی* Farsi اگر به زبان انگلیسی صحبت نمی کنید، یا ناشنوا، دارای ضعف شنوانی یا ناشنوا/نابینا هستید، ما بطور رایگان خدمات ترجمه شفاهی در اختیار شما قرار خواهیم داد. به شخصی که کمک تان می کند بگونید نیاز به مترجم شفاهی دارید یا با مرکز منابع خانواده (Family Resource Center) به شماره 206-987-2201 تماس حاصل فرمانید.

Français French Si vous ne parlez pas anglais, ou que vous êtes sourd, malentendant, ou sourd-aveugle, nous vous proposons des services d'interprétation à titre gratuit. Demandez un interprète au personnel ou appelez le Centre de Ressources Familiales au 206-987-2201.

Deutsch German Falls Sie kein Englisch sprechen oder falls Sie taub bzw. schwerhörig oder blind bzw. sehbehindert sind, stellen wir Ihnen kostenlos einen Dolmetscher zur Verfügung. Geben Sie uns bitte Bescheid, falls Sie einen Dolmetscher brauchen, oder rufen Sie das Family Resource Center unter der Rufnummer 206-987-2201 an.

हिंदी Hindi यदि आप अंग्रेजी नहीं बोलते हैं, या यदि आप सुन नहीं सकते हैं, आपको ऊँचा सुनाई देता है या आप सुन/देख नहीं सकते हैं, तो हम किसी शुल्क के बिना आपको दुआषिया सेवाएं प्रदान करेंगे। आपकी मदद कर रहे व्यक्ति को बताएं कि आपको किसी दुआषिए की जरूरत है या फैमिली रिसोर्स सेंटर को 206-987-2201 पर कॉल करें।

日本語 Japanese 日本語ができない方、耳や目が不自由な方に、無料で通訳サービスを提供いた します。担当者に通訳が必要だと伝えるか、ファミリー・リソース・センター (206-987-2201) までお電話ください。

한국어 Korean 귀하가 영어를 못하는 경우, 또는 귀하가 청각 장애가 있거나, 난청이거나, 또는 청각/시각 장애가 있는 경우, 저희는 귀하에게 통역 서비스를 무료로 제공합니다. 귀하를 도와주는 도우미에게 통역자가 필요하다고 말씀하시거나, 또는 206-987-2201번으로 가족 상담센터(Family Resource Center)에 전화하십시오.

#### ພາສາລາວ Lao

ຖ້າວ່າທ່ານບໍ່ເວົ້າພາສາອັງກິດ, ຫຼືຖ້າວ່າທ່ານຫູໜວກ, ໄດ້ຍີນຍາກ ຫຼື ຫູໜວກ/ຕາບອດ, ພວກເຮົາຈະໄຫ້ ບໍລີການທາງດ້ານການແປພາສາໂດຍບໍ່ຄິດລາຄາ. ຈົ່ງບອກບຸກຄົນທີ່ຊ່ວຍທ່ານວ່າທ່ານຕ້ອງການນາຍແປພາສາ ຫຼື ໂທລະສັບຫາສນກາງບໍລີການຄອບຄົວທີ່ 206-987-2201.

#### 简体中文 Mandarin

如果您不说英语,或您患有耳聋、听力障碍或耳聋/眼盲, 我们会为您提供免费翻译服务。请告诉接待人员您需要翻译, 或致电家庭资源中心 206-987-2201。

## Oromo Oromo

Yoo afan Ingiliffaa dubbachuu baatte, ykn yoo duudaa taate, dhagayuun sitti ulfaate ykn duudaa/jaamaa taate, tajaajila turjumaanaa kafaltii malee siif dhiyeesina. Nama isin gargaaru ti akka turjumaana barbaadan itti himaa ykn Gidugaleessa Gargarsa Maatii 206-987-2201 dhan bilbilaa.

## ਪੰਜਾਬੀ Punjabi

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਹੋ, ਜਾਂ ਜੇ ਤੁਸੀਂ ਸੁਣ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਤੁਹਾਨੂੰ ਉੱਚਾ ਸੁਣਾਈ ਦਿੰਦਾ ਹੈ ਜਾਂ ਤੁਸੀਂ ਸੁਣ/ਦੇਖ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਤਾਂ ਅਸੀਂ ਕਿਸੇ ਮੁੱਲ ਦੇ ਬਿਨਾਂ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਾਂਗੇ। ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਰਹੇ ਵਿਅਕਤੀ ਨੂੰ ਦੱਸੋ ਕਿ ਤੁਹਾਨੂੰ ਕਿਸੇ ਦੁਭਾਸ਼ੀਏ ਦੀ ਲੋੜ ਹੈ ਜਾਂ ਫੈਮਿਲੀ ਰਿਸੋਰਸ ਸੈਂਟਰ ਨੂੰ 206-987-2201 'ਤੇ ਕਾਲ ਕਰੋ।

#### Română Romanian

Dacă nu vorbiți limba engleză sau dacă sunteți surd(ă), aveți probleme cu auzul sau sunteți surd(ă) și orb(oarbă), vă vom oferi servicii gratuite de interpretariat. Spuneți-i persoanei care vă ajută că aveți nevoie de un interpret sau sunați la Family Resource Center (Centrul de resurse pentru familii) la 206-987-2201.

#### Русский Russian

Если Вы не говорите по-английски или если Вы глухие, слабослышащие или глухие/слепые, мы предоставим Вам бесплатные переводческие услуги. Скажите помогающему Вам лицу, что Вы нуждаетесь в переводчике или позвоните в Центр помощи для семьи по тел. 206-987-2201.

#### Af-soomaali Somali

Haddii aadan ku hadlin ingiriisiga, ama haddii aad dhagoole tahay, maqalku kugo adag yahay, ama dhagoole/indhoole tahay, waxaad heli kartaa in laguu turjumaano adiga oon wax lacag ah bixiin. U sheeg qofka ku caawinaya in aad u baahan tahay turjumaan ama wac 206-987-2201 xarunta khayraadka goska.

### Español Spanish

Si no habla inglés o si es sordo, tiene problemas de audición o es ciego y sordo, nosotros le proporcionaremos servicios de interpretación sin costo alguno. Dígale a la persona que le está ayudando que necesita un intérprete o llame al Centro de Recursos para Familias al 206-987-2201.

### Tagalog Tagalog

Kung kayo ay hindi nagsasalita ng Ingles, o kung kayo ay bingi, nahihirapang makarinig o bingi at bulag, bibigyan namin kayo ng interpreter at hindi kayo sisingilin para sa serbisyong iyon. Sabihin sa taong tumutulong sa inyo na kailangan ninyo ng interpreter o tawagan ang Family Resource Center sa 206-987-2201.

## Украінський Ukrainian

Якшо Вы не говорите по-англійски, або глухи, с поганим слухом, або глухи/сліпи, ми будемо надавати послуги усного перекладу для Вас безкоштовно. Скажить людині, допомогаючей Вам, що Вам потрібен перекладач або зателефонуйте до Центра допомоги для сімей по теп. 206-987-2201

#### Tiếng Việt Vietnamese

Nếu quý vị không nói được tiếng Anh hoặc nếu quý vị bị điếc, khiếm thính hoặc điếc/ mù, chúng tôi sẽ cung cấp dịch vụ thông dịch cho quý vị miễn phí. Hãy nói cho người đang giúp quý vị hay rằng quý vị cần một thông dịch viên hoặc gọi Trung Tâm Nguồn Hỗ Trợ Gia Đình theo số 206-987-2201.

## To exercise your privacy rights or to make a complaint, you may contact:

## Children's Privacy Office

Mailstop RC-402 206-987-1200

PO Box 5371 1-866-987-2000, ext. 7-1200 (Toll-free) Seattle, WA 98145-5005 privacy questions @seattle.bildrens.org

privacy.questions@seattlechildrens.org

## If you have a complaint, you may also contact:

## Office for Civil Rights, Region X

U.S. Department of Health and Human Services Mailstop RX-11 2201 Sixth Avenue Seattle, WA 98121-1831 206-615-2290 206-615-2296 (TTY) 206-615-2297 (Fax) 1-800-362-1710 (Toll-free) 1-800-537-7697 (TTY)

## Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line:
   1-866-583-1527. Tell the interpreter the name or extension you need.



4800 Sand Point Way NE PO Box 5371 Seattle, WA 98145-5005

206-987-2000

1-866-987-2000 (Toll-free for business use only)

1-866-583-1527 (Family Interpreting Line) www.seattlechildrens.org

We reserve the right to change the privacy practices in this notice and the right to make these changes for both your existing and future patient health information. We post the current notice at Children's facilities. You can request a copy at any Children's facility, from the Family Resource Center at the hospital, or at www.seattlechildrens.org.

Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.