

NOTICE OF PRIVACY PRACTICES ELLICOTT
CITY PEDIATRIC ASSOCIATES, P.A.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD*
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION

PLEASE READ IT CAREFULLY

Date of Last Revision: September 2013

Effective Date: Immediately

This Notice describes our Practice's Privacy Policies, which extend to:

- Any health care professional authorized to enter information into your child's chart (including physicians, PAs, RNs, etc.);
- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice;
- Our business associates (including a billing service), on-call physicians, and so on.

The Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Act gives you the right to understand and control how your child's protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse PHI.

OUR THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION:

We understand that your child's medical information is personal to you and him or her, and we are committed to protecting the information about your child. As our patient, we create records about your child's health, our care for him or her, and the services and/or items we provide to him or her as our patient. We need this record to provide for your child's care and to comply with certain legal requirements.

We are required by law to:

- make sure that your child's PHI is kept private;
- provide you with a Notice of our Privacy Practices and your legal rights with respect to your child's PHI; and
- follow the conditions of the Notice that is currently in effect.

*Assumes the parent or guardian is signing. If the patient has the ability to sign for themselves "your child" should mean "you".

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD.

The following categories describe different ways that we use and disclose PHI that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- Medical Treatment. We use previously given medical information about your child to provide your child with current or prospective medical treatment or services. Therefore we may, and most likely will, disclose medical information about your child to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of your child. For example, a doctor to whom we refer your child for ongoing or further care may need your child's medical record. Different areas of the Practice also may share medical information about your child including your child's record(s), prescriptions, requests of lab work and x-rays. We may also discuss your child's medical information with you to recommend possible treatment options or alternatives that may be of interest to you and your child. We also may disclose medical information about your child to people outside the Practice who may be involved in your child's medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate.
- Payment. We may use and disclose medical information about your child for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your child's health care information, about treatment your child received at the Practice, to obtain payment or reimbursement for the care. We may also tell your child's health plan and/or referring physician about a treatment your child is going to receive to obtain prior approval or to determine whether your child's health plan will cover the treatment, to facilitate payment of a referring physician, or the like.
- Health Care Operations. We may use and disclose medical information about your child so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies your child from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use or disclose information about your child for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used,

to advise them of their continued obligation to maintain the privacy of your child's medical records.

- Appointment and Patient Recall Reminders. We may ask that you sign in writing at the Receptionists' Desk, a "Sign In" log on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that your child has an appointment for medical care with the Practice or that your child is due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machines, or otherwise which could (potentially) be received or intercepted by others.
- Treatment Alternatives. We may provide you and your child with information about treatment alternatives or other health-related benefits and services that may be of interest to him or her.
- Health-Related Benefits and Services. We may use and disclose health information to tell you and your child about health-related benefits or services that may be of interest to you and your child for his or her care or case management. We will not use or disclose your child's health information for other marketing purposes without your authorization. We will not sell your child's health information without your permission.
- Fundraising Activities. We may contact you for fundraising communications. You do have the right to "opt out" with respect to receiving fundraising communication from us.
- Emergency Situations. In addition, we may disclose medical information about your child to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your child's condition, status and location.
- Research. Under certain circumstances, we may use and disclose medical information about your child for research purposes regarding medications, efficiency of treatment protocols and the like. We will obtain an Authorization from you before using or disclosing your child's individually identifiable health information unless the authorization requirement has been waived in accordance with federal law.
- Required By Law. We will disclose medical information about your child to governmental or other authorities when required or authorized to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about your child when necessary to prevent a serious threat either to your child's specific health and safety or the health and safety of the public or another person.
- Organ and Tissue Donation. If your child is an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- Public Health Risks. Law or public policy may require us to disclose medical information about your child for public health activities. These activities 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 or problems with products;
 - 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.

- Investigation and Government Activities. We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

- Lawsuits and Disputes. If your child is involved in a lawsuit or a dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose medical information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

- Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Practice; and
 - 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 Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.

- Health Information Exchanges. We participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a state-wide health information exchange. As permitted by law, your child's health information will be shared among several healthcare providers or other healthcare entities in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. This means we may share information we obtain or create about your child with outside entities (such as doctors' offices, labs or pharmacies) or we may receive information they create or obtain about your child (such as medical history or billing information) so each of us can provide better treatment and coordination of your healthcare services. You may "opt out" and prevent searching of your child's health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out Form to CRISP by mail, fax or through their website at www.crisphealth.org. Even if you opt-out, a certain amount of your child's information will be retained by CRISP and your child's ordering or referring physicians, if participating in CRISP, may access diagnostic information about your child, such as reports of imaging and lab results.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about your child as well as any information we may receive from you in the future. We will post a copy of the current Notice in the Practice. The Notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

COMPLAINTS

You have recourse if you feel that your child's protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights on behalf of your child.

Feel free to contact the Practice Compliance Officer for more information, in person or in writing. The Office Manager can be reached at this number: (410) 910-2366. **You or your child 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, unless those uses can be reasonably inferred from the intended uses above. The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;

- Uses and disclosure of your child's PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR CHILD'S MEDICAL INFORMATION.

You have the following rights regarding medical information we maintain about your child:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your child's care. This includes your child's medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your child's medical record, you must submit your request in writing. Ask the front desk person for the name of the Privacy Officer. 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 will generally be entitled to request review of the denial. Another licensed health care professional chosen by the Practice will then review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

- **Right to Amend.** If you feel that the medical information we have about your child in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your child's medical record. To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you. 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 addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the Practice;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about your child, to others. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back.
 - Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your care or the payment for your child's care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment your child received.

In most situations, we are not required to agree to your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, in an emergency situation, if the Department of Health and Human Services is investigating our HIPAA compliance status, or if we are permitted or required by law to disclose the information, such as in response to subpoena or law enforcement demands.

To request restrictions, you must make your request in writing. In your request, you indicate:

- what information you want to limit; and
- how you wish us to limit or use or disclosure of this information.

We are, however, required to honor your request for a restriction if you request that we not use or disclose your child's PHI in instances where the disclosure is to a health plan for payment or health care operations (not treatment) and the PHI pertains solely to a service where you paid out of pocket and in full.

- Right to Request Confidential Communications. You have the right to request that we communicate with you about your child's medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like. To request confidential communications, you must make your request in writing. 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 us to contact you.
- 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.

- Right to be Advised of a Breach. You have the right to be advised if your child's unprotected PHI is intentionally or unintentionally disclosed.