

# HIPAA NOTICE of Privacy Practices

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South River Pediatrics  
224 Mayo Road  
Edgewater, Maryland 21037  
410-956-6302

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

## **A. Uses and Disclosures of Protected Health Information**

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health office care bills, to support the operation of the physician's and any other use required by law.

**1. Treatment:** Our practice may use IHI for treatment purposes. For example, we may ask our patients to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use IHI in order to write a prescription for your child, or we might disclose IHI to a pharmacy when we order a prescription for your child. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose IHI in order to treat or to assist others in your child's treatment. Additionally, we may disclose IHI to others who may assist in your child's care, such as your parents/guardians, other relatives, caretakers.

Finally, we may also disclose IHI to other health care providers for purposes related to treatment.

**2. Payment:** Our practice may use and disclose IHI in order to bill and collect payment for the services and items received from us. For example, we may contact a health insurer to certify eligibility for benefits (and for what range of benefits), and we may provide the insurer with details regarding treatment to determine if the insurer will cover, or pay for, your child's treatment. We also may use and disclose IHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use IHI to bill you directly for services and items. We may disclose IHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health Care Operations:** Our practice may use and disclose IHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your child's IHI to other health care providers and entities to assist in their health care operations.

**4. Appointment Reminders and Test result calls:** Our practice may use and disclose IHI to remind our patients of an appointment and test results, either by phone, mail, or e-mail. (This includes leaving messages on voice mails and answering machines.)

**5. Treatment Options, Health-Related Benefits/Services:** Our practice may use and disclose IHI to inform our families of potential treatment options or alternatives as well as health-related benefits/services that may of interest to them.

**6. Release of Information to Family/Friends:** Our practice may release IHI to a friend or family member that is involved in a patient's care. For example, a parent or guardian may ask that a babysitter or neighbor take their child to the office for treatment of a cold. In this example, the babysitter or neighbor may have access to your child's medical information.

**7. Disclosures Required By Law:** Our practice will use and disclose IHI when we are required to do so by federal, state or local law.

You May revoke this authorization, at anytime, in writing, except to the extent that your physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## **B. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks
2. Health Oversight Activities
3. Lawsuits and Similar Proceedings
4. Law Enforcement
5. Deceased Patients
6. Organ and Tissue Donation
7. Research
8. Serious Threats to Health or Safety
9. Military
10. National Security
11. Inmates
12. Workers' Compensation

## **C. YOUR RIGHTS REGARDING YOUR CHILD'S IHI**

You have the following rights regarding the IHI that we maintain about your child:

**1. Confidential Communications.** You have the right to request that our practice communicate with you about health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Jackie Young, Practice Manager, 410-956-6302** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests with consideration to your child's confidentiality. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your child's IHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's IHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of IHI, you must make your request in writing to **Jackie Young** (see above). Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply; and
- (d) what period of time the restrictions are to apply

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about your child consistent with confidentiality guidelines, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Jackie Young, Practice Manager, 410-956-6302** in order to inspect and/or obtain a copy of your child's IHI. Our practice may charge a fee consistent with state guidelines for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct such a review.

**4. Amendment.** You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Jackie Young, Practice Manager, 224 Mayo Road Edgewater MD 21037**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI originated and kept by or for the

practice; (c) not part of the IHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your child’s IHI for non-treatment, non-payment or non-operations purposes. Use of your child’s IHI as part of the routine patient care in our practice is not required to be documented or accounted for. For example, a doctor sharing information with the nurse; or the billing department using your child’s information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Jackie Young, Practice Manager, 410-956-6302**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you consistent with state guidelines for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

**7. Right to File a Complaint.** If you believe your child’s privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Jackie Young, Practice Manager, 410-956-6302**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child’s IHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child’s IHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Jackie Young at South River Pediatrics, 224 Mayo Road Edgewater Md. 21037**.

This notice was published and becomes effective on/or before April 14, 2003.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

