



Locations:

1475 Taney Ave, Frederick, MD 21702
504 E. Ridgeville Blvd, Ste 101, Mt. Airy, MD 21771
610 Solarex Ct, Ste 200, Frederick, MD 21703
3020B Ventrie Ct, Myersville, MD 21773
3430 Worthington Blvd, Ste 204, Frederick, MD 21704

Notice of Privacy Practices

The Pediatric Center of Frederick, LLC

Rev May 2025

This notice describes how your child’s medical information as a patient of this practice may be used and disclosed and how you can get access to this information. Please review it carefully.

The privacy of your child’s medical information is important to us. You may be aware the U.S. government regulators established a privacy rule, the Health Insurance Portability & Accountability Act (“HIPAA”) governing protected health information (“PHI”). PHI includes individually identifiable health information including demographic information and relates to past, present or future physical and mental health or condition and related health care services. This notice tells you about how PHI may be used, and about certain rights that you have.

Use and Disclosure of Protected Information

- Federal law provides that we may use your child’s PHI **for treatment**, without further specific notice to you, or written authorization by you. For example, we may provide laboratory or test data to a specialist.
- Federal law provides that we may use medical information **to obtain payment** for our services without further specific notice to you, or written authorization by you. For example, under a health plan, we are required to provide the health insurance company with a diagnosis code for a visit and a description of the services rendered.
- Federal law provides that we may use medical information **for health care operations** without further specific notice to you, or written authorization by you. For example, we may use the information to evaluate the quality of care received from us, or to conduct cost-management and business planning activities for our practice.
- We may use or disclose your child’s medical information, without further notice to you, or specific authorization by you, where:
 1. required for public health purposes
 2. required by law to report child abuse
 3. required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct
 4. required by law in judicial or administrative proceedings
 5. required for law enforcement purposes by a law enforcement official
 6. required by a coroner or medical examiner
 7. permitted by law to a funeral director
 8. permitted by law for organ donation purposes

9. permitted by law to avert a serious threat to health or safety
 10. permitted by law and required by military authorities if you are a member of the Armed Forces of the U.S.
 11. required for national security, as authorized by law
 12. required by correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official
 13. otherwise required or permitted by law.
- Certain types of uses and disclosures of protected health information require authorization, these include:
 - uses and disclosures of psychotherapy notes
 - uses and disclosures of PHI for marketing purposes; and
 - disclosures that constitute the sale of PHI.
 - We may use or share **de-identified health information**—information that does not identify you or your child—for **population-based research and public health studies** aimed at improving the quality and effectiveness of healthcare services.
 - Other uses and disclosures not described in this Notice of Privacy Practices will be made only with an individual's authorization.

Health Information Exchanges

We may participate in one or more health information exchanges. In general, health information exchanges facilitate the electronic exchange of health information across different organizations within a specified area, such as a health system, a community, or a broader region. If you have any questions regarding our participation in these health information exchanges, please contact our Privacy Officer for additional information.

We will participate in a health information exchange involving health care providers who care for patients in Frederick County that will be operated by Frederick Health Hospital. We will share your information with this exchange as permitted by law to facilitate the secure exchange of your electronic health information between health care providers and other health care entities for your treatment, payment, or other permitted purposes (including health care operations). If you do not want your information shared in this way, you can opt out by completing a written opt-out form, which we will provide, and submit to any of our offices. We will comply with your opt-out request to the extent required by applicable law. Opting out will not preclude any participating organization that already has received or accessed your information from retaining such information. If you opt out, you can choose to resume participation by submitting a written request to one of our offices.

*We also participate in the **Chesapeake Regional Information System for Our Patients (CRISP)**, a statewide internet-based health information exchange approved but not operated by a State of Maryland agency. Because we participate with CRISP, your health information will be shared with this exchange in ways similar to those described above regarding the Frederick County exchange. You may “opt-out” and prevent searching of your 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. We are not CRISP and cannot submit your opt-out should you decide to opt-out.*

*We may disclose your or your child's immunization information to **ImmuNet**, Maryland's Immunization Information System, as permitted by law. ImmuNet is a secure, confidential registry operated by the Maryland Department of Health that helps healthcare providers, schools, and public health authorities ensure accurate and up-to-date*

vaccination records. These disclosures support public health activities such as disease prevention, immunization tracking, and compliance with school and childcare immunization requirements.

We may share your child's health information with **Children's National Medical Center's Pediatric Health Network**, a clinically integrated network of pediatric providers working collaboratively to improve the quality, coordination, and outcomes of pediatric care in our region.

State Specific Laws

Maryland's Minor Consent Law for Reproductive Health Services

(Article 20-102 of the Maryland Annotated Code)

This law permits minors to receive contraceptive services on a confidential basis. The law states that "a minor has the same capacity as an adult to consent to treatment for or advice about drug abuse, alcoholism, venereal disease, pregnancy, and contraception other than sterilization." This means minors can get the following services without parental knowledge or consent:

- Pregnancy testing
- Birth control
- Exams
- Testing and treatment of sexually transmitted infections (STIs)

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

Minors

- For divorced or separated parents: each parent has equal access to health information about their unemancipated child(ren), unless there is a court order to the contrary that is known to us or unless it is a type of treatment or service where parental rights are restricted.
- We can release your medical information to a friend or family member that is involved in your medical care. For example, a babysitter or relative who is asked by a parent or guardian to take their child to the pediatrician's office may have access to this child's medical information. We prefer to have written authorization from the parent or guardian for someone else to accompany the child and may make reasonable attempts to obtain this authorization.
- You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. A separate form is available for this purpose.
- Other uses or disclosures of medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

Rights That You Have

- You have the right to request restrictions on certain uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.
- You have the right to request 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 e.g. at home and not at work. Such requests must be made in writing to your physician. Our practice will accommodate reasonable requests.

- You have the right to inspect and obtain copies of your child’s medical information (a reasonable fee will be charged).
- You have the right to request amendments to your child’s medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.
- You have the right to request an accounting of any disclosures we make of your medical information. This is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, payment or health care operations purposes. An accounting does not have to be made for disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law, or disclosures made before April 14, 2003.
- You have the right to restrict certain disclosures of Protected Health Information to a health plan, for carrying out payment or health care operations, where you pay out of pocket in full for the healthcare item or service (only healthcare providers are required to include such a statement; other covered entities may retain the existing language indicating that a Covered Entity is NOT required to agree to a requested restriction.)
 - You are required to notify a Business Associate and a downstream Health Information Exchange of the restriction
 - A family member or other third party may make the payment on your behalf and the restriction will still be triggered
- You have a right to, or will receive, notifications of breaches of your unsecured patient health information.
- All requests must state a time period, which may not be longer than six (6) years from the date of disclosure.
- You have a right to receive a paper copy of our notice of privacy policies.
- You have a right to receive electronic copies of health information.

Obligations That We Have

- We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect.
- We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.
- We will inform you of our intentions to raise funds and your right to opt out of receiving such communications.
- If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services’ Office for Civil Rights (OCR). We will provide the address of the OCR Regional Office upon your request. No retaliation will occur against you for filing a complaint.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in

writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Organization Contact Information

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Brenda Campbell, Practice Administrator & HIPAA Privacy Officer

The Pediatric Center of Frederick, LLC

1475 Taney Ave

Frederick, MD 21702

301-662-0133