TO: Parents, Guardians, and Patients

RE: The Maryland Pediatric Group, L.L.C.

As you may be aware, in order to comply with the Health Insurance Portability & Accountability Act of 1996 privacy regulations, The Maryland Pediatric Group, L.L.C. is providing a copy of our Privacy Notice. In addition, the current Privacy Notice is posted in all check-in areas in our office.

Please sign below acknowledging receipt of this office's Privacy Notice. Please do not hesitate to contact Trusted Doctors' Privacy Office, regarding any questions you may have about this policy.

I acknowledge receipt of Trusted Doctors/The Maryland Pediatric Group, L.L.C. Privacy Notice as it relates to the personal or medical information of me or my minor child/children. I understand that The Maryland Pediatric Group, L.L.C. may use or disclose protected health information about me or my minor child/children to carry out treatment, payment or health care operations.

_____ _____

Print Full Name of Parent, Guardian, or Patient Signature of Parent, Guardian, or Patient

Date: _____

Please print only the name(s) and dates of birth of the patient(s) below who are seen in this office:

Name	**Date of birth**
Name	**Date of birth**
Name	**Date of birth**
Name	**Date of birth**
Name	**Date of birth**

TrustedDoctors

NOTICE OF PRIVACY PRACTICES

Trusted Doctors

Effective Date: May 2026|Originally Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About This Notice

Trusted Doctors and each of its pediatric divisions are committed to protecting the privacy of your child's Protected Health Information (PHI). This Notice describes how we may use and share your child's information, your rights and responsibilities as the parent or legal guardian, and the limited situations in which your child, particularly an adolescent, may exercise these rights for themselves under state law. It applies across all Trusted Doctors divisions and locations.

This Notice is **not** an authorization. By acknowledging receipt, you are confirming only that you received, or had the opportunity to receive, a copy. We follow the federal Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 (substance use disorder records), the 21st Century Cures Act, and the laws of the states and the District of Columbia in which our divisions operate. Where state law provides greater protection than federal law, the stricter state law applies.

Your child's PHI includes information about their past, present, or future physical or mental health, the care they receive, and payment for that care, when combined with identifying information such as name, date of birth, or insurance details.

Trusted Doctors is a single organization that operates pediatric divisions under the following names: Annapolis Pediatrics, Bristow Pediatrics, Carroll Pediatric Center, Crestwood Pediatrics, Einstein Pediatrics, Farrell Pediatrics, Fairfax Pediatrics, Kenneth M. Klebanow and Associates, NOVA Pediatrics, Pediatrics at Chartley, Piedmont Pediatrics, Pullman & Associates, Renaissance Pediatrics, RTC Pediatrics, South Riding Pediatrics, The Kids Docs Pediatrics & Adolescent Medicine, The Maryland Pediatric Group, Trusted Behavioral Health, The Pediatric Center of Frederick, TPG Pediatrics, Town Pediatrics and Valley Pediatrics. This Notice applies uniformly to our entire organization.

How We Use and Share Your Child's Health Information

In most cases, we may use and share your child's PHI for the following purposes without your written authorization.

Treatment, Payment, and Health Care Operations (TPO)

- **Treatment.** We share your child's PHI with providers and staff involved in their care (including specialists, hospitals, laboratories, school nurses, and other clinicians) so they have what they need to diagnose and treat your child.

- **Payment.** We use your child's PHI to bill and collect payment from you, your insurer, or another responsible party. This may include sharing diagnoses, treatment details, and other information your health plan requires.
- **Health Care Operations.** We use your child's PHI to run our practice, including quality improvement, training, credentialing, audits, accreditation, business planning, and care coordination across our divisions.
- **Minimum Necessary.** When sharing your child's information, we disclose only the minimum amount needed to accomplish the purpose, except for treatment-related disclosures.

Sharing With You and Others Involved in Your Child's Care

As the parent or legal guardian, you generally serve as your child's personal representative under HIPAA, and we share your child's health information with you so you can make informed decisions about their care.

We will share your child's information with other family members, friends, or caregivers **only when you authorize us to do so**, except in the narrow circumstances below in which HIPAA permits disclosure without your authorization:

- When another adult brings your child to a visit, we may share what is needed for that specific visit. We prefer written authorization from you in advance and may ask for it.
- In a medical emergency where you are not reachable and disclosure is needed to treat your child.
- For disaster relief notification regarding your child's location and condition.
- To another individual validly designated to act for your child by court order, power of attorney, or written authorization.

We will not share your child's information with extended family, friends, or other adults for non-medical reasons, and we will not share information beyond what is necessary for the situation.

Where Your Child May Have Independent Rights. Where state law allows a minor to consent to specific services on a confidential basis, for example, certain adolescent reproductive health, sexually transmitted infection, mental health, or substance use services, we will protect that information consistent with those laws and may not share it with you without your child's consent. See "Special Protections for Sensitive Information" below.

Business Associates

We share your child's PHI, only as needed, with vendors and partners who help us operate, such as billing companies, electronic health record, AI platforms and IT vendors, accountants, and attorneys. These business associates are required by contract and by HIPAA to safeguard your child's information.

Public Health, Safety, and Legal Requirements

We may use or disclose your child's PHI without your authorization when required or permitted by law, including:

- Public health activities, communicable disease reporting, and product safety/recalls
- Reporting suspected child abuse, neglect, or domestic violence
- Health oversight activities such as audits, investigations, inspections, and licensure
- Court orders, subpoenas, and other lawful legal processes
- Law enforcement purposes within the limits set by law
- Coroners, medical examiners, funeral directors, and organ/tissue donation
- Workers' compensation, military and veterans' affairs, national security, and correctional institutions
- Averting a serious and imminent threat to health or safety
- Research, when approved by an Institutional Review Board or privacy board

- Proof of immunization to schools, where authorized by you or your child where applicable
- Compliance reviews by the U.S. Department of Health and Human Services

Health Information Exchanges (HIEs)

Some of our divisions participate in regional or state Health Information Exchanges, including the Chesapeake Regional Information System for our Patients (CRISP) serving Maryland and the District of Columbia, and other regional or pediatric networks. HIEs help your child's providers securely exchange records for treatment, payment, and care coordination. You may opt out of HIE searching at any time. Opting out does not stop public health reporting, controlled-substance prescription monitoring, or the use of information already received before your opt-out.

To opt out of CRISP, call 1-877-952-7477 or visit *www.crisphealth.org*. To opt out of any other HIE used by your child's division, contact that division's Privacy Officer.

Incidental Disclosures

Even with reasonable safeguards, some incidental disclosures may occur during normal care, for example, another patient briefly overhearing a conversation. We work to minimize these and keep them limited.

Uses That Require Your Written Authorization

Other than the situations described above, we will not use or share your child's PHI without your written authorization. Authorization is always required for:

- **Most uses of psychotherapy notes.**
- **Marketing communications** where we receive direct or indirect payment beyond our cost.
- **Sale of PHI.** We will not sell your child's PHI to third parties.
- **Any use or disclosure not described in this Notice.**

You may revoke a written authorization at any time, in writing, except to the extent we have already relied on it. To revoke an authorization, contact your division's Privacy Officer.

Special Protections for Sensitive Information

Some types of information receive extra protection under federal or state law. These may include records related to substance use treatment, HIV/AIDS, sexually transmitted infections, mental health, psychotherapy, reproductive health, and genetic information. The protections below apply in addition to the general rules in this Notice.

Substance Use Disorder (SUD) Records – 42 CFR Part 2

SUD treatment records are protected by 42 CFR Part 2 and the HIPAA Privacy Rule. Generally, we cannot disclose information identifying your child as a person with a substance use disorder without written consent. With written consent, we may use and disclose SUD information for Treatment, Payment, and Health Care Operations. Consent may be revoked in writing at any time, except where we have already relied on it.

- **Legal proceedings:** SUD records generally cannot be used or disclosed in legal proceedings without specific written consent or a special court order.
- **Redisclosure:** Recipients of SUD records may only redisclose them under a written agreement that maintains confidentiality.
- **SUD counseling notes:** Require a separate, specific written consent and are not covered by a general TPO consent.

- **Exceptions:** We may share information without consent in a medical emergency, to report suspected child abuse, or to law enforcement if a crime is committed on our premises.

State Minor-Consent and Reproductive Health Laws

Several states in which Trusted Doctors divisions operate allow minors to consent to certain services**,** such as pregnancy testing, contraception, treatment of sexually transmitted infections, substance use treatment, and outpatient mental health care**,** on a confidential basis. Where these laws apply, we will protect that information accordingly.

- Maryland. Md. Code Ann., Health-Gen. § 20-102(c) gives minors the same capacity as an adult to consent to treatment for or advice about drug abuse, alcoholism, sexually transmitted disease, pregnancy, and contraception (other than sterilization).

- Virginia. Va. Code § 54.1-2969(E) treats a minor as an adult for purposes of consenting to, and authorizing disclosure of records related to: (1) diagnosis and treatment of sexually transmitted and reportable communicable diseases; (2) birth control, pregnancy, and family planning (other than sterilization); (3) outpatient substance-use treatment; and (4) outpatient mental health or emotional disturbance treatment.

- District of Columbia. D.C. Code § 7-1231.14 permits a minor to consent to outpatient mental health services, other than medication, without parental consent for an initial 90-day period when the provider determines the services are clinically indicated and voluntarily sought. DC also allows minors to consent to STI testing and treatment and to contraceptive and family planning services under applicable District and federal law.

In all jurisdictions, if a treating clinician determines that releasing information to a parent or guardian would be reasonably likely to cause substantial harm to the minor or another person, we may restrict disclosure as permitted by state law (for example, Va. Code § 54.1-2969(K)).

Pediatric and Family Considerations

Parents, Guardians, and Personal Representatives

- Parents and legal guardians generally have the right to access their unemancipated child's health information and to act as the child's personal representative under HIPAA.
- For divorced or separated parents, each parent generally has equal access to a minor child's health information unless a court order known to us, or applicable law, restricts access.
- You may designate another adult (for example, a custodial relative, a guardian, or someone holding a valid power of attorney) to act as your child's personal representative. We will verify any personal representative's authority before sharing information.
- Consistent with HIPAA and applicable state law, a treating clinician may decline to treat a parent or guardian as the personal representative if the clinician reasonably believes that doing so could endanger the child, for example, in suspected abuse, neglect, or domestic violence situations.
- When another adult (such as a grandparent or babysitter) accompanies your child on a visit, we may share only the information needed for that visit and prefer written authorization from you in advance.

Maternal and Adolescent Sensitive Information

A pediatric record may include sensitive information that is not directly your child's, such as maternal health history, or sensitive adolescent information including suspected abuse, gender identity, substance use, sexually

transmitted infections, pregnancy, HIV status, and mental health. To protect this information and comply with HIPAA, state law, and the Information Blocking provisions of the 21st Century Cures Act, some of this information may be restricted from passive sharing (for example, through the patient portal). If you request information that is restricted, we will document the request and work with you to find a mutually agreeable solution.

Your Rights and Your Child's Rights

You have the following rights with respect to your child's PHI. Most requests must be made in writing to your division's Privacy Officer. Where state law allows a minor to act on their own behalf, the minor may exercise these rights directly with respect to that protected information.

- **Inspect and Copy.** You may request an electronic or paper copy of your child's medical and billing records. We will normally respond within 30 days and may charge a reasonable, cost-based fee.
- **Amend.** If you believe information is incorrect or incomplete, you may request an amendment in writing with a reason. If we deny the request, we will explain why in writing within 60 days, and you may submit a statement of disagreement.
- **Accounting of Disclosures.** You may request a list of certain disclosures we have made of your child's PHI for up to six years before the date of your request. We provide one accounting per 12 months at no charge.
- **Request Restrictions.** You may ask us to limit how we use or share your child's PHI. We are not always required to agree, but we **will** agree if you ask us not to share information with your health plan for a service you paid for in full out-of-pocket, unless the law requires the disclosure.
- **Confidential Communications.** You may ask us to contact you in a specific way (for example, only at a particular phone number or address). We will accommodate reasonable requests without asking why.
- **Personal Representative.** You may designate another individual to exercise these rights on your child's behalf. We will verify the person's authority before acting.
- **Paper Copy of This Notice.** You may request a paper copy at any time, even if you have agreed to receive it electronically.
- **Notification of a Breach.** We will notify you no later than 60 days after we discover a breach of unsecured PHI that has more than a low probability of compromising your child's information.
- **File a Complaint.** If you believe your child's privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), at 200 Independence Avenue SW, Washington, DC 20201; 1-800-368-1019 (TDD 1-800-537-7697); OCRMail@hhs.gov; or hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Information Sharing and the 21st Century Cures Act

Trusted Doctors is committed to empowering families with timely access to their child's health information, in keeping with HIPAA and the 21st Century Cures Act.

Active Sharing (Upon Request)

You may request your child's information through your division's patient portal, by fax, or in writing. We will document the request and aim to respond within 10 business days. Records may be provided as paper copies, fax records, encrypted electronic media, or via secure portal or Direct Messaging.

Passive Sharing (Patient Portal)

Where feasible, we make the following Electronic Health Information available to you or your child's authorized representative through our patient portals: demographics, problem list, allergies, medications, vital signs, visit notes (assessment and plan), procedures, immunizations, diagnostic test results, smoking status, care team members, and implantable devices.

Identified Gaps

- Information stored only as scanned images or PDFs cannot be transmitted in fully structured electronic form, but is available on request in a mutually agreeable format.
- Sensitive information (described above) may be restricted from passive sharing where legally required or to prevent harm to the child.

All decisions to withhold information are made in a non-discriminatory manner and consistent with the Information Blocking exceptions of the 21st Century Cures Act.

Our Responsibilities

- We are required by law to maintain the privacy and security of your child's PHI.
- We must follow the duties and privacy practices described in this Notice and provide you with a copy.
- We will not use or share your child's information other than as described here unless you authorize us in writing. You may revoke that authorization at any time.
- We will let you know promptly if a breach occurs that may have compromised your child's information.

Changes to This Notice

We may change this Notice at any time. The revised Notice will apply to all PHI we maintain. The current Notice will always be posted in our offices and on our division websites, and you may request a paper copy at any time.

Contact Information

For questions about this Notice, to make a request related to your child's privacy rights, or to file a complaint, please contact the Privacy Officer at your Trusted Doctors division. Division contact information is available at the front desk and on each division's website. You may also contact the Trusted Doctors Compliance team at the address listed below.

Trusted Doctors – Privacy Office
13135 Route 50, Suite 300
Fairfax, VA 22033
Phone: 703-322-0246
Email: privacy@tdmso.com
Website: www.trusted-doctors.com

Originally effective April 14, 2003. Most recently revised May 2026. This master Notice consolidates and supersedes prior division-level Notices of Privacy Practices upon adoption.