



Notice of Privacy Practices

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD(REN) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE SIGNATURE PAGE.

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact:

Privacy Officer Peggy O'Callaghan Phone number: 410-992-0513

Section A: Our Pledge Regarding Medical Information

We understand that medical information about your child(ren's) health is personal. We are committed to protecting their medical information. We create a record of the care and services your child(ren) receive(s) by the Provider. We need this record to provide them with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your child(ren's) care generated or maintained by the Provider, whether made by the Provider personnel or personal doctor.

This Notice will tell you about the ways in which we may use and disclose medical information about your child(ren). We may also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies your child(ren) is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about your child(ren); and
- Follow the terms of the Notice that is currently in effect.

Section B: How We May Use and Disclose Medical Information About Your Child(ren)

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about your child(ren) to provide medical treatment or services. We may disclose medical information to doctors, school nurses, technicians, health care students, or other Provider personnel who are involved in taking care of your child(ren) at the Provider.
- **Payment.** We may use and disclose medical information so that the treatment and services received at the Provider may be billed and payment may be collected from you, an insurance company, or a third party.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder about an appointment for treatment or medical care at the Provider.
- **Photographs.** We may display any cards and/or photograph of your child(ren) that you bring in or mail.
- **Authorization Required.** We will not use protected health information (PHI) for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, this includes use of your PHI for marketing or sales activities.
- **Emergencies.** We may use or disclose your child(ren's) medical information if they need emergency treatment or if we are required by law to treat them but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat them.
- **Communication Barriers.** We may use and disclose health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat your child(ren) if we could communicate with you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about your child(ren) to a friend or family member who is involved in their medical care and we may also give information to someone who helps pay for their care, unless you object in writing and ask us not to provide this information to specific individuals.
In addition, we may disclose medical information about your child(ren) to an entity assisting in a disaster relief effort so that your family can be notified about their condition, status, and location.



- **As Required By Law.** We will disclose medical information about your child(ren) when required 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(ren) when necessary to prevent a serious threat to their health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section C: Special Situations

- **Public Health Risks.** We may disclose medical information about you child(ren) 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 medication 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; and
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. The oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuit and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about child(ren) in response to a court or administrative order. We may also disclose medical information about them in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to obtain an order protecting the information requested.
- **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 Provider; 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.

Section D: Your Rights Regarding Medical Information About Your Child(ren)

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

- **Right to Access, Inspect, and Copy.** You have the right to access, inspect, and copy the medical information that may be used to make decisions about your child(ren's) care, with a few exceptions. 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 medical information in certain, very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will 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 of the review.



- **Right to Amend.** If you feel that medical information we have about your child(ren) is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.
- 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 Provider;
 - 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(ren). Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in which form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **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(ren) for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about your child(ren) to someone who is involved in their care or the payment for their care, like a family member or friend.

You also have the right to restrict use and disclosure of your child(ren's) medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.
- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
 - A brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - A description of the type of Unsecured Protected Health Information involved in the breach;
 - Steps you should take to protect yourself from potential harm resulting from the breach;
 - A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
 - Contact information, including a toll-free telephone number, e-mail address, website, or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on the homepage of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We are also required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and maintain a written log of breaches involving less than 500 patients.

