



Frederick Pediatric Associates, P.A.

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW THIS INFORMATION CAREFULLY

As legal representative or parent of a minor patient, when reading this notice please understand that “you” represents the minor patient.

Our Responsibility to You

The privacy of your health information is very important to us. Frederick Pediatric Associates, P.A. (“FPA”) is committed to and required by law to maintain and safeguard your Protected Health Information (“PHI”). PHI includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for health care. This notice provides you with information about your rights and our legal duties and privacy practices with respect to the confidentiality of PHI. FPA will request certain information from you and use that information, which will be put into your record, to provide you with quality care. The record usually contains symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information, may be used for a variety of purposes. FPA and its Business Associates are required to follow the privacy practices described in this Notice. Please note that FPA reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of an updated Notice from any FPA office. It will also be posted on our website at www.frederickpediatrics.com.

How We May Use and Disclosure Your Health Information

FPA employees will only use the minimum amount of your health information that is required to perform their roles in your care. For uses beyond that, FPA must have your written authorization unless the law permits or requires it, and you may revoke such authorization with limited exceptions. The following are some examples of our possible uses and disclosures of your health information:

Uses and Disclosures without Consent Relating to Treatment, Payment, or Health Care Operations:

- **For treatment:** Federal law provides that we may use or share your health information to approve or deny treatment and to determine if your medical treatment is appropriate without further specific notice to you or written authorization by you. For example, FPA health care providers may share information about you to coordinate the different services you need, such as prescriptions, lab work, or x-rays. We may give information to your health plan or another provider to arrange a referral or consultation.
- **To obtain payment:** Federal law provides that we may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services without further specific notice to you or written authorization by you. For example, your health care provider may send claims to your insurer for payment of medical services provided to you. We may disclose information to third parties who may be responsible for payment, such as family members or to third parties that help us process payments such as collection companies.
- **For health care operations:** Federal law provides that we may use and share your health information in order to support business operations including use of a sign-in sheet at the registration desk, to evaluate and improve the quality of services provided, for the training of medical students, and other business activities, without specific notice to you or written authorization by you. For example, we may use your health information for business planning, or to decide what additional services we should offer. We may train students who will be shadowing providers when seeing patients.

Other Uses and Disclosures of Health Information Required or Permitted by Law:

- **Information Purposes:** Unless you provide us with alternative instructions, FPA may send appointment reminders and other materials about alternative treatments or other health related services or benefits to your home which may be of interest to you.
- **Required by Law:** FPA may disclose your health information when a law requires us to do so.
- **Public Health Activities:** FPA may disclose health information when FPA is required to collect or report information about diseases, injuries, or to report vital statistics to public health authorities.

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- **Health Oversight Activities:** We may disclose your health information to other agencies for oversight activities required by law such as audits, inspections, investigations, and licensure.
- **Coroners, Medical Examiners, Funeral Directors and Organ Donations:** FPA may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organizations relating to organ, eye, or tissue donations or transplants.
- **Research Purposes:** In certain circumstances and under supervision, FPA may disclose health information to assist medical research.
- **Avert Threat to the health or safety:** In order to avoid a serious and imminent threat to health or safety, FPA may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Abuse and neglect:** FPA will disclose your health information to appropriate authorities if we reasonably believe that you may be a possible victim of abuse, neglect, domestic violence, or other crimes.
- **Military Activity and National Security:** If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations, or to make medical suitability determinations for Foreign Service.
- **Family, friends, or others involved in your care:** FPA may share your health information with people as it is directly related to their involvement in your care or payment of your care. FPA may also share your health information with people to notify them about your location, general condition, or death.
- **Worker's Compensation:** FPA may disclose health information to worker's compensation programs as required by applicable laws.
- **Lawsuits, Disputes, and Claims:** We will disclose your health information when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, or other lawful court or legal process.
- **Law Enforcement:** FPA may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.
- **Other Parties for Conducting Permitted Activities:** FPA may conduct the above-described activities ourselves, or we may use Business Associates to perform those operations. In those instances where we disclose your PHI to a third party acting on our behalf, we will protect your PHI through an appropriate privacy agreement.
- **Fundraising Activities:** At this time, FPA is not involved in fundraising activities.
- **Your Written Authorization:** Other uses and disclosures of your health information not covered by the this Notice or the laws that govern us, will be made only with your written authorization. You may revoke your authorization in writing at any time and we will discontinue future disclosures for the reasons stated in the authorization. We are unable to retract any disclosures we have already made with your authorization. We are required to retain health information records of the care we have provided you.

Your Rights

You Have a Right to:

- **Request restrictions:** You have the right to request a restriction or limitation on the health information FPA uses or discloses about you. FPA will accommodate your request, if possible, but is not legally required to agree to the requested restriction. Except as otherwise required by law, FPA must accommodate your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.
- **Request confidential communication:** You have the right to ask that FPA send you information at an alternative address or by alternative means. FPA must agree to your request as long as it is reasonably easy for us to do so.
- **Inspect and Copy:** With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), you have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a reasonable and cost-based fee for copying, postage, and preparing an explanation or summary of the PHI, as permitted by law. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If FPA maintains your health information using electronic health records, we will provide access in electronic format and transmit copies of the health information to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific.
- **Request Amendment:** You may request in writing that FPA correct or add to your health record. FPA will respond to your request within 60 days, with up to a 30-day extension, if needed. FPA may deny the request if we determine that the health information is: (1) already correct and complete; (2) not created by us and/or not part of our records; (3) not permitted by law to be disclosed. If FPA approves the request for amendment, FPA will amend the health information and inform you, but we will not delete any information already in your records, and FPA will tell others that need to know about the change in the health information.
- **Require Authorization:** You have the right to require your authorization for most uses and disclosures of psychotherapy notes, and for receiving marketing communication.

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- **Receive accounting of disclosures:** You have a right to request a list of the disclosures made of your health information after April 14, 2003 and in the six years prior to the date on which the accounting is requested. Exceptions are health information that has been used for treatment, payment, and health care operations. In addition, FPA does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officers, or correctional facilities. There will be no charge for up to one such list each year. Additionally, FPA will provide an accounting of disclosures made through an electronic health record for treatment, payment, and health care operations, but information is limited to three years prior to date of request.
- **Opt-Out:** We may participate in one or more health information exchanges (“HIE”). In general, HIEs provide the electronic exchange of health information across different organizations within a specified area. We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide better coordination of care and assist providers in making more informed decisions. You may “opt-out” and disable access to 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 unable to call nor submit the form for you. Public health reporting and Controlled Dangerous Substances information, which is part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers. Opting out will not prevent any participating organization from retaining this information if it has already received or accessed your information.
- **Receive Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by mail upon request.
- **Receive breach notification:** You have the right to receive notification whenever a breach of your unsecured PHI occurs.
- **Receive Protection of Mental Health Records:** If a medical record that is developed in connection with you receiving mental health services is disclosed without your authorization, FPA will only release the information in your record that is relevant to the purpose for which the disclosure is sought.

For More Information:

If you have questions and would like more information, you may contact:

Dr. Thomas Koerner, Privacy Officer, at 301.694.0606.

To Report a Problem about our Privacy Practices:

If you believe that your privacy rights have been violated, you may file a complaint.

- To file a complaint with our office, please contact Dr. Thomas Koerner, Privacy Officer, at 301.694.0606.
- You can file a complaint with the Secretary of Health and Human Services Office of Civil Rights
Please contact our office to obtain the contact information.

You will not be penalized for filing a complaint.

Effective: April 14, 2003

Updated: August 29, 2017

Updated: June 6, 2019

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