

# **VALLEY PEDIATRIC ASSOCIATES, L.L.C.**

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## **Notice of Privacy Practices**

**This notice describes how your 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 medical information is important to us. You may be aware that the US government regulators established a privacy rule, the Health Insurance Portability and Accountability Act (HIPPA) governing protected health information (PHI). PHI includes individually identifiable health information including demographic information and relates to your past, present, or future physical and mental health or condition and related health care services. This notice tells you about how your 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 PHI **for your treatment** without further specific notice to you or written authorization by you. For example, we may provide laboratory or test data to the specialist.
- Federal law provides that we may use your 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 your visit and a description of the services rendered.
- Federal law provides that we may use your 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 you received from us, or to conduct cost-management and business planning activities for our practice.
- We may disclose your 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 Dept. 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 US
  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:
    1. Uses and disclosures of psychotherapy notes
    2. Uses and disclosures of PHI for marketing purposes
    3. Disclosures that constitute the sale of PHI
  - Other uses and disclosures not described in this Notice of Privacy Practices will be made only with an individual's permission.

### **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 the 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 information.
- 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 your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

### **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 Office Manager or with the US 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.

**If you have questions about this notice, please contact Kathy, our Office Manager.**