



Chesapeake Pediatrics

106 Milford Street, Suite 201 Salisbury, MD 21804

29 Broad Street, Suite 201 Berlin, MD 21811

Tel: 410-543-1616 • Fax: 410-543-8497 • www.chesapeakeped.com

NOTICE OF PRIVACY PRACTICES

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

WE UNDERSTAND THAT YOUR HEALTH INFORMATION IS PERSONAL TO YOU, AND WE ARE COMMITTED TO PROTECTING THE INFORMATION ABOUT YOU. THIS NOTICE OF PRIVACY PRACTICES OR (“NOTICE”) DESCRIBES HOW WE WILL USE AND DISCLOSE PROTECTED INFORMATION AND DATA THAT WE RECEIVE OR CREATE RELATED TO YOUR HEALTH CARE.

OUR DUTIES: We are required by law to maintain the privacy of your health information, and to give you this notice describing our legal duties and privacy practices. We are also required to follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: We will not use or disclose your health information without your authorization, except the following situations.

TREATMENT: We will not use and disclose your medical information while providing, coordinating or managing your health care. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in our record and used to determine the course of treatment that should work best for you. Your physician will put in the records his or her expectations of the members of your healthcare team. Members of your healthcare team will that record that actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may also provide the other healthcare providers with your information to assist him or her in treating you.

PAYMENT: We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing our health. For example, we may send a bill to your or your health plan. The information on or accompanying the bill may include information that identifies your, as well as your diagnosis, procedures, and supplies used. As another example, we disclose information about you to your health plan so that the health plan may determine your eligibility for payment for certain benefits.

HEALTH CARE OPERATIONS: We will use and disclose your health information to deal with certain administrative aspects of your health care, and to manage our business more effectively. For example, members of our medical staff may use information in your health records to assess the quality of care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services we provide.

BUSINESS ASSOCIATES: These are some services provided in organization through contracts with business associates. We may disclose your health information to our business associates, so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your health information.

NOTIFICATION AND COMMUNICATION WITH FAMILY: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location and general condition.

RESEARCH: consistent with applicable law we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the search proposal and established protocols to ensure the privacy of your health information.

A HEALTH CARE PROVIDER MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT AN INDIVIDUAL'S WRITTEN AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

- A. FUNERAL DIRECTOR, CORONER, AND MEDICAL EXAMINER**
- B. ORGAN PROCUREMENT ORGANIZATIONS**
- C. FOOD AND DRUG ADMINISTRATIONS (FDA)**
- D. PUBLIC HEALTH**
- E. VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE**
- F. HEALTH OVERSIGHT**
- G. COURT PROCEEDING**
- H. LAW ENFORCEMENT**
- I. INMATES**
- J. THREATS TO THE PUBLIC HEALTH OR SAFETY**
- K. SPECIALIZED GOVERNMENT FUNCTIONS**
- L. WORKERS COMPENSATION**

OTHER USES: We may also use and disclose your personal health information for the following purposes:

To contact you to remind you of an appointment for treatment.

To describe or recommend treatment alternatives to you.

To furnish information about health-related benefits and services that may be of interest to you.

PROHIBITION ON OTHER USE OR DISCLOSURE: We may not make any other uses or disclosure of your personal health information without our written authorization. Once given, you may revoke the authorization by writing to the contact person listed below. Understandably, we are unable to take back any disclosure we have already made with your permission.

INDIVIDUAL RIGHTS: You may have many rights concerning the confidentiality of your health information. You have the right:

To request restrictions on the health information we may see and disclose for treatment, payment and health care operations. We are not required to agree to this request. To request restrictions; please send a written request to the address below. To receive confidential communications of health information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, you must write to us at the address below, and tell us how or where you wish to be contacted. To inspect or copy your health information. You must submit your request in writing to the address below. If you request a copy of your health information, we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request a denial be reviewed. Another licensed health professional will then review our 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. To amend health information. If you feel that the health information we have about your is incomplete, you must write to us at the address below. You must also give us a reason to suppose your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to suppose your request. WE may also deny your request if:

The information was not already created by us, unless the person that created it.

The information is no longer available to make the amendment.

The information is not part of the health information kept by or for us.

The information is not part of the information you would be permitted to inspect or copy, or

The information is accurate and complete.

To receive an accounting of disclosures of your health information. You must submit in writing to the address below. Not all health information is subject to this request. Your request must state a time period, no longer than 6 years and may not include dates before April 14, 2003. Your request must state how you would like to receive the report (paper, electronically). The first accounting request within the 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. We will notify you of this request before charges are incurred.

To receive a paper copy of this notice upon request, even if you have agreed to receive the notice electronically. You must submit a request for a paper notice in writing to the address below.



Chesapeake *Pediatrics*

All requests to restrict use of your health information for treatment, payment and health care operations, to inspect and copy health information to amend your health information or to receive an accounting of disclosures of health information must be made in writing to the contacted person listed below.

RECORDINGS: Digital recordings by handheld devices such as smartphones are prohibited on the premises in order to protect the privacy of other patients and staff in compliance with federal and state privacy laws.

COMPLAINS: If you believe that your privacy rights have been violated, a complaint may be made to our privacy officer at 410-543-1616, or the address listed below. You may also submit a complaint to the Secretary of the department of health and human services. We will not retaliate against you for filing a complaint.

CONTACT PERSON: Our contact person for all questions, request or further information related to the privacy of your health information is:

Attn: Office Manager
106 Milford Street, Suite 201
Salisbury, MD 21084
410-543-1616

CHANGES TO THIS NOTICE: We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in revised notice that will be posed prominently in our practice.

Effective date: May 22, 2020

Revision Date: April 26, 2021, December 29, 2021, December 4, 2023