

Appoquinimink Pediatrics

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about the patient (child) may be used and disclosed, and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

A record is made of each visit to a healthcare provider. Typically, this record contains the child's symptoms, examination and test results, diagnoses, treatment and a plan for future care of treatment. This information, often referred to as the medical record, can serve as a:

- Basis for planning the child's care.
- Means of communication among the many health professionals who contribute to the child's care.
- Legal document describing the care the child received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.

Your Health Information Rights

Although the child's medical record is the physical property of the healthcare providers who compiled it, the information belongs to you. You have the right to:

- Obtain a copy of this Notice of Privacy Practices upon request.
- Request a restriction on certain uses and disclosures of the child's information as provided by congressional statute 45 CFR 164.522.
- Inspect and copy the child's medical record as provided in 45 CFR 164.524.
- Amend the child's medical record as provided in 45 CFR 164.526.
- Obtain an accounting of disclosures of the child's health information as provided in 45 CFR 164.528.
- Request communications of the child's health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

This organization is required to:

- Maintain the privacy of the child's health information.
- Provide you with a notice (this document is that notice) as to our legal duties and privacy practices with respect to information we collect and maintain about the child.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

NOTE: We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us. We will not use or disclose the child's health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you would like additional information, or believe your privacy rights have been violated, contact Matthew P. Gotthold, M.D., Privacy Officer, at (302) 449-2570 during regular office hours for questions or to file a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use the child's health information for treatment:

- A notation will be made in the child's medical record each time health information is obtained and will be used to determine the course of treatment.
- Subsequent healthcare providers, such as specialists, may be provided with copies of various notes and reports to assist them in their care of the patient.
- When services are contracted through associates, such as labs and radiology, we may disclose health and/or personal information to these associates so that said services can be rendered and billed.

We will use the child's health information for payment:

- If we participate with the child's insurance company, we will send them a bill. The information on the bill will include the child's diagnosis and treatment, and actual office notes may accompany said bill.
- If we do not participate with the child's insurance company, we will send the child's guarantor a bill. The information on the bill will include the child's diagnosis and treatment.

We will use the child's health information for regular health operations:

- We may contact you to provide appointment reminders, information about treatment alternatives, and/or other health-related benefits/services that may be of interest to you.
- As required by law, we may disclose the child's health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We also disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for the child's care, location and general condition.
- We may, with permission of the legal guardian, disclose to a family member, relative and/or other designated person health information relevant to that person's involvement in the child's care.
- We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Printed Name of Child _____ Date of Birth _____

Printed Name of Parent/Legal Guardian _____

Signature _____ Date _____

Relationship to Patient: Mother ___ Father ___ Other (describe) _____