

**THE MARYLAND PEDIATRIC GROUP, L.L.C.  
PEDIATRIC CONSULTANTS**

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TO: Parents, Guardians, and Patients

RE: The Maryland Pediatric Group, L.L.C. / Pediatric Consultants Privacy Notice

As you may be aware, in order to comply with the Health Insurance Portability & Accountability Act of 1996 privacy regulations, The Maryland Pediatric Group, L.L.C. / Pediatric Consultants is providing a copy of our Privacy Notice. In addition, the current Privacy Notice is posted in the exit area of our Business Office.

Please sign below acknowledging receipt of this office's Privacy Notice. Please do not hesitate to contact Kass Benchoff, Practice Administrator, or Bonnie Rose, Privacy Officer, regarding any questions you may have about this policy.

**I acknowledge receipt of The Maryland Pediatric Group, L.L.C. / Pediatric Consultants Privacy Notice as it relates to the personal or medical information of me or my minor child/children. I understand that The Maryland Pediatric Group, L.L.C. / Pediatric Consultants may use or disclose protected health information about me or my minor child/children to carry out treatment, payment or health care operations.**

\_\_\_\_\_  
Print Full Name of Parent, Guardian, or Patient

\_\_\_\_\_  
Signature of Parent, Guardian, or Patient

**Date:** \_\_\_\_\_

Please print only the name(s) and dates of birth of the patient(s) below who are seen in this office:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date of birth**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date of birth**

\_\_\_\_\_  
**Name**

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**Date of birth**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date of birth**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date of birth**

# THE MARYLAND PEDIATRIC GROUP, L.L.C. PEDIATRIC CONSULTANTS

## PRIVACY NOTICE TO PATIENTS

**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.**

The Maryland Pediatric Group, L.L.C./Pediatric Consultants has implemented the following policies and procedures so that the confidentiality of you or your minor child's personal and/or medical information remains confidential. Your provider(s) as well as all other employees working in the practice will keep any information related to you or your minor child (medical and/or non-medical) in a confidential manner.

A. The General Authorization for Release of Medical Records that you sign authorizes your medical care provider, The Maryland Pediatric Group, L.L.C./Pediatric Consultants ("Provider"), to disclose the information in you or your minor child's medical records to the extent needed for the following purposes:

1. For the purpose of providing treatment to you or your minor child. This would include, for example, sharing information with employees and contractors of Provider, or with other health care providers who are treating you or your minor child or consulting in you or your minor child's care such as:
  - Physician/Non-Physician Providers (i.e. Physical Therapist, Nutritional Counselors, etc.) who work outside of this practice
  - Medical Facilities (i.e. hospitals, outpatient centers)
  - Laboratories for the purpose of running medical tests
  - Other health care providers such as pharmacies, durable medical equipment, suppliers and ambulance services
  - School Health Departments
  - School Nurses
  - Insurance Companies (or third party administrators) for the purpose of obtaining payments, reviewing medical necessity and/or general case management
  - State or Federal agencies that require the submission of specific health related information

This information will be submitted by means of the U.S. Postal Service, fax, internet, voicemail and/or personal communications.

2. For the purpose of arranging payment for you or your minor child's care. This would include, for example, your insurer or other third-party payer who is responsible for paying all or part of the cost of you or your minor child's care.
3. For the purpose of Provider's "health care operations." This would include such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating provider performance, training providers of care, legal and medical review of care provided, business planning and management, customer service, resolutions of internal grievances and the provision of legal and auditing services.

B. A Specific Authorization for Release of Medical Records that you may sign for you or your minor child authorizes Provider to make a specific disclosure that is not covered under section A. above. A Specific Authorization will name the part to which you are authorizing disclosure, and will contain any limitations on the authority to disclose you or your minor child's records. **However, the record release policy for The Maryland Pediatric Group, L.L.C./Pediatric Consultants requires that a separate Authorization Form be completed for each medical record transfer request.**

- C. Other than activity that has already occurred, you may revoke any further authorization provided to Provider by giving Provider a written notice of revocation at any time.
- D. Provider may use or disclose your protected health information in the following situations **when required by law** without your authorization. These situations include, but are not limited to: as Required by Law, Public Health Issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosure: Under the law, we must make disclosures to you for you or your minor child and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.
- E. Provider may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- F. You have the following rights with respect to you or your minor child's medical records/information:
  - 1. You have the right to request restrictions on the use and disclosure of you or your minor child's medical records/information; however Provider is not required to agree to restrictions not guaranteed by law. You will be informed if Provider will not agree to requested restriction.
  - 2. You have the right to receive confidential communications of you or your minor child's health information and to direct the place and manner of communication.
  - 3. You have the right to inspect and copy you or your minor child's medical records. (Provider is entitled to charge you a reasonable fee related to the cost of copying your records.) Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compile in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
  - 4. You have the right to seek to amend you or your minor child's medical records, and if Provider does not agree with your request, to note your objection in the medical record.
  - 5. You have a right to receive an accounting (list) of disclosures of you or your minor child's medical records/information made by the Provider. (Exempt for those disclosures that fall within the scope of Provider's "health care operations" or disclosures made for payment or treatment purposes.)
  - 6. You have the right to receive a paper copy of this Notice.
- G. Provider is required by law to maintain the privacy of protected health information, and to provide patients with this Notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised Notices, as appropriate.
- H. If you as a patient or guardian believe that his or her privacy rights have been violated, the patient may wish to notify the Provider, or contact the Secretary of the U.S. Department of Health and Human Services. To notify Provider, please call our office and ask to speak with our designated **Privacy Complaints Contact Person, Bonnie Rose, at 410-321-9393**. Provider will not retaliate in any way against a patient for making a complaint.
- I. Provider reserves the right to change its privacy practices and this Notice, and to make its new policies effective for all protected health information that Provider maintains. Provider will post a copy of the current Notice in the Exit Area of the Business Office.

*Updated July 2010*