LITTLE OAK PEDIATRICS

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Notice of Privacy Practices (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TOTHIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Little Oak Pediatrics, LLC (LOP) is required by law to maintain the privacy of identifiable information that relates to your physical or mental health, health care you have received, or payment for your care. As required by law, this Notice provides you with information about your rights and our legal duties and privacy practices with respect to your health information. This Notice also describes how LOP may use or disclose your health information.

The privacy practices described in this Notice will be followed by all LOP health care professionals, employees, medical staff, trainees, students, and volunteers of the organizations specified at the end of this Notice. In addition, these organizations, sites, or individuals may share health information with each other and other health organizations affiliated with LOP as part of an organized health care arrangement for treatment, payment, and health care operations purposes as described in this Notice or otherwise permitted by law.

How We May Use and Disclose Health Information About You

LOP may use or disclose health information about you, without your written consent(known as an authorization), for purposes related to:

Treatment: Treatment means the coordination of your care between various health care providers and specialists for consultations. For example, a specialist treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the specialist may review medical records from your primary care doctor to assess whether you have potentially complicating conditions such as diabetes.

Payment: Payment refers to activities related to verifying your level of insurance benefits, requesting authorizations for treatment and referrals for special tests, and billing/administrative purposes. For example, LOP may need to provide information to your insurance plan about your medical condition in order to determine whether the proposed course of treatment will be covered.

Health Care Operations: Health care operations refers to the administrative and operational activities LOP must engage in, including quality assurance, case management, audits, and physician reviews. For example, LOP may use your health information to evaluate the performance of our staff in caring for you.

Health Information Exchanges: LOP may share information that we obtain or create about you with other health care providers or health care entities, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. An HIE is a technology framework that allows for secure electronic exchange of health information among participating organizations, such as hospitals, physician offices, labs, radiology centers, and other medical providers. By exchanging information through HIEs, it provides LOP and other participating health care providers faster access to health

information about you, which allows them to make more informed treatment decisions and coordinate your care.

LOP participates in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide HIE. As permitted by law, your health information will be shared with this HIE in order to provide faster access, better care coordination, and assist providers and public health officials in making more informed decisions. You may "opt-out" and prevent searching of your health information 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. If you opt-out of CRISP, certain health information about you may still be available through the HIE as permitted or required by law. For example, medical providers who are treating you will no longer be able to search for your health information through CRISP, but will still be able to receive lab results, radiology reports, and other data sent directly from CRISP that they may have previously received by fax or mail. In addition, public health reporting and controlled dangerous substance information, as part of the Maryland Prescription Drug Monitoring Program, will still be available to providers through CRISP.

LOP also participates in other HIEs, including through its electronic medical records (EMR) system. This allows LOP to share or obtain health information about you for treatment, payment, or health operations purposes directly through its EMR system with your other health care providers if they participate in the same HIE. You may request to opt out of these other HIEs by contacting the our office directly with this request.

Appointment Reminders and Treatment Alternatives: LOP may contact you to remind you about your appointments and bring to your attention alternative treatment options and other health related benefits and services.

Organ and Tissue Donation: LOP may disclose your health information to organizations that handle organ and tissue procurement and donations.

Military Authorities: If you are a member of the U.S. Armed Forces or foreign military, LOP may release health information about you to appropriate military command authorities.

Workers' Compensation: LOP may disclose health information to comply with workers' compensation laws.

Public Health Activities: LOP may disclose your health information to public health officials for public health purposes, including: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting adverse events or product defects to the U.S. Food and Drug Administration; and to notify persons that may have been exposed to a disease or may be at risk of contracting or spreading a disease.

Health Oversight: LOP may disclose your health information to federal or state agencies that oversee the health care system, government programs, and enforcement of civil rights laws for audits, investigations, or inspections.

Legal Proceedings: LOP may disclose your health information to courts and attorneys in response to a court order, subpoena, or other lawful process, or to defend ourselves against a lawsuit.

Law Enforcement: LOP may disclose your health information to law enforcement officials as permitted or required by law to aid in the search for a criminal or fugitive or a criminal investigation.

Coroners, Medical Examiners, and Funeral Directors: LOP may disclose your health information to identify a deceased person, determine cause of death, and to help funeral directors carry out their duties.

National Security: LOP may disclose your health information to authorized federal authorities for intelligence or other national security activities as permitted by law.

Inmates and Persons in Custody: If you are an inmate of a correctional facility or under the custody of law enforcement, LOP may release your health information to the correctional facility or law enforcement officer as permitted or required by law.

Research: LOP may use or disclose your health information for research purposes under specific rules determined by the confidentiality provisions of applicable law. LOP may use or disclose your health information to researchers if they have been approved through a special review process designed to protect patient safety, welfare, and confidentiality.

Threats to Health or Safety: As permitted by applicable law and ethical conduct, LOP may use and disclose health information if it believes, in good faith, that such use or disclosure is necessary to prevent serious harm to you or others. We may also share your information for disaster relief efforts or in emergency situations.

Business Associates: LOP may disclose your health information to outside businesses known as "business associates" that provide services on its behalf, such as billing or consulting services.

Uses and Disclosures Requiring Your Authorization

Uses and disclosures of health information not described in this Notice will be made only with your written authorization. For example, with limited exceptions, LOP must obtain your authorization before: using and disclosing psychotherapy notes; using or disclosing your health information for marketing purposes (except for communications made face-to-face or promotional gifts of minimal value provided to you by LOP); or selling or receiving anything of value in exchange for your health information. If you authorize LOP to use or disclose your health information, you have the right to revoke the authorization at any time by providing written notice to our office. Your revocation will be effective once received but will not impact uses or disclosures LOP made while your authorization was still in effect.

Your Rights Regarding Health Information About You

You have the following rights with respect to health information that LOP maintainsabout you:

Right to Inspect and Copy. You have the right to inspect and/or receive a copy of your medical and billing records used by LOP to make health care decisions about you. You also have the right to request that LOP send a copy of your medical records to a third party. If you want to review or receive a copy of your records, you must make the request in writing to your provider. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Right to Request an Amendment. If you believe that health information LOP maintains about you is inaccurate or incomplete, you may request that LOP amend the information. You must request the amendment in writing to your provider or the office administrator. If LOP accepts your request, it will notify you and add the supplemental information to your record by addendum. LOP cannot delete what is in the record. If LOP denies your request, it will provide an explanation of the denial and your rights.

Right to Request Restrictions. You have the right to request that LOP restrict how it uses and discloses your health information for treatment, payment, or health care operations, or with family members or others involved in your care. LOP is not required to accept your requested restriction, unless it relates to disclosures made to your health insurer related to a specific service for which you have prepaid in full; however, if the service is part of a group of services "bundled" for health plan billing purposes, it may not be possible for LOP to restrict the disclosure. If LOP agrees to a restriction, you will be notified in writing, and LOP will comply with your request unless the health information is needed to provide you emergency treatment or we are required by law to disclose it.

Right to Request Confidential Communications. You have the right to request that LOP communicate with you about your health information or services using a certain method (i.e., MyChart, phone, mail) or at a certain location. LOP will honor reasonable requests when feasible.

Right to File a Complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Right to Receive a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice at any time. To obtain a copy, contact your provider or the LOP office administrator.

Right to be Notified of a Breach. LOP is required to notify you of a breach of your unsecured health information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Non-Discrimination Notice

LOP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability.

Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received Little Oak Pediatrics' Notice of Privacy Practices. I understand this notice describes how medical information about me may be used and disclosed, my right regarding the use and disclosure of this information, and how I can obtain access to this information.

Patient Name(s) _____

Responsible party member's name _____ Relationship _____

Responsible party member's signature _____ Date _____