



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.

This Notice of Privacy Practices applies to the following organizations.

Southside Pediatrics and Adult Care, Hagerstown, Maryland, its professional staff, employees, and medical staff follow the privacy practices described in this notice.

Your Health Information Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Forms are available on our website, <http://www.mysspediatrics.com>, or by contacting our office at (240) 513-6300.

- **A copy of this Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies of this notice may be obtained from our office. You may obtain an electronic copy of this notice on our website, <http://www.mysspediatrics.com>.
- **Get an electronic or paper copy of your medical record or health and claims record.** You can ask to see your records at any time. To obtain a paper copy of your medical record or health and claims records and other health information we have about you, you must submit your request in writing. We may charge you a reasonable, cost-based fee for copying your information. Southside Pediatrics and Adult Care will NOT email records, but can provide, upon written request and payment for the service, records on CD or USB Drive.
- **Ask us to correct your medical record or your health and claims records.** You can ask us to correct your health information or health and claims records if you think they are incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days. You must make your request in writing and you must provide a reason for the request.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. If you personally pay in full for an item or service or someone other than your health plan pays in full for the item or service on your behalf, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" if you have already paid in full for the item or service unless a law requires us to share that information. Otherwise, we are not required to agree to your request, and we may say "no" if it would affect your care.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Southside Pediatrics and Adult Care will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not. Except for Southside Pediatrics and Adult Care, we will say "yes" to all reasonable requests. You must make this request in writing and you must tell us how or where you wish to be contacted.
- **Get a list of those with whom we've shared information.** You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, or health care operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter time period. We will provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting the Department of Health and Human Service Office for Civil Rights at 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized or retaliated against in any way from filing a complaint. We will not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation; or
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes, which are kept separate from the rest of your medical record; and
- Marketing purposes.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- **Treat you.** We can use your health information and share it with other professionals who are treating you. We may share your health information with doctors, nurses, technicians, medical students, or other members of your health care team at Southside Pediatrics and Adult Care to keep them informed about your care status or condition as necessary. For example, a doctor treating you for diabetes may need to tell a dietitian that you have diabetes so appropriate meals can be arranged. We also may share your health information with people outside Southside Pediatrics and Adult Care who may be involved in your medical care, such as health care providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic). We share medical records electronically with other health care providers. If you visit another provider who uses the same electronic medical record as Southside Pediatrics and Adult Care, they may have access to your medical record.
- **Payment.** We can use and share your health information to bill and get payment from your insurance company or a third party. For example, we may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, we may share your health information with your other health care providers to assist those providers in obtaining payment from your insurance company or a third party. Southside Pediatrics and Adult Care Health Plan can use and share your health information as they pay for your services.
- **Run our organization.** We can use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services or improve our services. We can also share your health information in a limited data set, which excludes some identifying information. Southside Pediatrics and Adult Care Health Plan is not allowed to use genetic information to decide whether to give you coverage or to decide the price of the coverage.
- **Business Associates.** We can share your health information with our business associates for any of the purposes listed above.
- **Electronic.** We may share your information electronically.

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Help with public health and safety issues.** We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting births and deaths; reporting suspected abuse, neglect, or domestic violence; reporting reactions to medications or product problems; or preventing or reducing a serious threat to anyone's health or safety. We can share portions of your health information with local, state, and/or federal registry programs as required. We can share your health information for these activities in a limited data set, which excludes some identifying information.
- **Do research.** We can use or share your information for health research. We can share your health information for these activities in a limited data set, which excludes some identifying information.
- **Comply with the law.** We will share information about you if state or federal laws require it. Including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations. • Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official or correctional institution; with health oversight agencies for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Schools (including Child-Care Facilities, Early Childhood Programs, Primary and Secondary Schools).** We can share your immunization records with a school with a verbal authorization sometimes.

Southside Pediatrics and Adult Care Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not sell your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind, by contacting the Southside Pediatrics and Adult Care Office at (240) 513-6300.

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 website at <http://www.mysspediatrics.com>. This notice is effective March 23, 2018.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact Southside Pediatrics and Adult Care Office at (240) 513-6300.