

GATEWAY PEDIATRICS, PA
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 READ IT CAREFULLY. THIS NOTICE REFLECTS THE PRIVACY PRACTICES FOR GATEWAY PEDIATRICS, PA, HERETO REFERRED TO AS THE PRACTICE.

WHO IS THIS NOTICE INTENDED FOR?

The Privacy Practices described in this Notice are followed by our team members at the Practice and any affiliated sites, the members of the medical practices who are affiliated with the Practice by contractual agreement, as well as certain other contracted business entities. As an organized health care arrangement, we may jointly use and disclose confidential health information as is necessary for your treatment, for obtaining payment, and for carrying out internal operations, such as evaluating the quality of care that you receive. Covered by this Notice are:

- Any health care professional authorized to enter information into your Health Information Management, including members of our medical and consulting staff;
- All team members working at the Practice and at all departments, units, and any medical centers or affiliated sites;
- All health care professionals associated with the medical practices who are affiliated with the Practice by contractual agreement; and
- Certain contracted Business Associates who perform health care services on the Practice's behalf.

OUR PLEDGE TO YOU:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Practice which we need to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Practice. We are required by law to:

- Describe your rights and certain obligations we have regarding the use and disclosure of medical information;
- Keep medical information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information;
- Notify you following the breach of any unsecured Protected Health Information (PHI);
- Follow the terms of the Notice that is currently in effect.

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION:

Each time you visit a hospital, physician, or other healthcare provider, a record is made of your visit. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITIES:

This organization is required to maintain the privacy of your health information. In addition, we will provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must 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. We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, past, present and future. Should our information on privacy practices change, we will make our revised notice available to you, if requested, for your review in our office and on our website located at www.gateway-pediatrics.com for downloading. We will not use or disclose your health information without your authorization, except as described in this notice.

HOW DOES THE PRACTICE USE OR DISCLOSE YOUR MEDICAL INFORMATION?

The following categories describe different ways in which we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories:

For Treatment We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, clinical students, or other personnel who are involved in taking care of you at the Practice. For example, your physician will document in your record their expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations (example varies by practice type). We will also provide your other practitioners with copies of various reports that should assist them in treating you.

For Payment We may disclose medical information about you so that the treatment and services you receive at the Practice may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received

so your health plan will pay us or reimburse you for the service. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

For Health Care Operations We may use and disclose medical information as necessary to perform business activities that are referred to as healthcare operations. Healthcare operations allow us to improve the quality of care we provide and to reduce healthcare cost. Healthcare Operations may include the following:

Quality of Care We may use and disclose medical information about our patients to:

- Identify ways to improve the quality, efficiency, and cost of care that we provide to our patients.
- Review and evaluate the skills, qualifications, and performance of healthcare providers taking care of our patients.
- Cooperate with outside organizations that assess the quality of care that we provide.
- Provide training programs for medical students, healthcare providers, or non-healthcare professionals (e.g. we may use visit notes to assist billing personnel on how to code the service) to help them improve their skills.
- Cooperate with outside organizations that evaluate, certify, or license healthcare providers and/or staff.

Treatment Alternatives We may use medical information to identify groups of patients with similar health problems to give them information about treatment alternatives, special programs, or educational classes.

Business Operations and Planning We may use medical information about our patients to cooperate with organizations that review our activity. For example, physicians, accountants, lawyers, and others who assist us in complying with the law and managing our business may review your PHI. This assists the Practice in making strategic planning decisions; allows grievance resolution within our organization; business planning and development; and/or for business management and general administrative activities of our practice. We may use medical information about our patients to “de-identify” information that is not identifiable to any individual. This means all identifying information about you is removed.

Communications We may contact you for appointment reminders or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you. We may also contact you as part of fundraising efforts. If you do not wish to receive fundraising information, you may contact us at 410-912-7000 for instructions on how to opt out of future mailings. **Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care. **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general conditions.

FOR CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, INC. (CRISP):

Our Notice of Privacy Practices identifies that we participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), an internet-based, state-wide, state-approved health information exchange. We may share information that we obtain or create about you with other health care providers or other health care entities for treatment, payment and health care operations purposes, as permitted by law, through CRISP. For example, information about your past medical care and current medical conditions and medications can be available to us or to your previous pediatrician, specialists or hospitals, if they participate in CRISP as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. You may opt-out of CRISP and prevent providers from being able to search for your information through the exchange. Even if you opt-out, a certain amount of your information may be retained by the exchange, and your ordering or referring physicians, if participating in CRISP, may access diagnostic information about you, such as reports of imaging and lab results. Also, your physicians, if participating in CRISP, still may use CRISP’s secure messaging services to discuss your care.

Information from your medical records that we obtain or create about you, as permitted by law, also may be shared through CRISP with your health plan or health insurance company for the sole purposes of enhancing or coordinating your care.

You may "opt-out" and prevent searching for your medical information through CRISP, or prevent the sharing of your information with your health plan or health insurance company, by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail or through their website at www.crisphealth.org/.

In addition to the disclosures listed above, we may also disclose medical information about you to disaster relief authorities so that your family can be notified about your condition, status, and location.

CIRCUMSTANCES WHERE PARTS OF YOUR MEDICAL RECORD MAY BE RELEASED WITHOUT YOUR SPECIFIC AUTHORIZATION:

Federal, State, or Local Law We will disclose medical information about you when required to do so by federal, state, or local law.

Public Health and Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health, your safety, or to the health and safety of the public or another person. Some examples include:

- Prevent or control disease, injury, or disability;
- Report disease, injury, birth, death, child abuse, or neglect;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease;
- Notify a person of recalls or reactions to medications or products they may be using; or
- Report to employers, under limited circumstances, information related to workplace injuries or illness, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence We may disclose medical information in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Organ Donation As a potential organ donor, we may release medical information to an organization that handles organ or tissue transplantation or to an organ donation bank.

Military Member or Veteran If you are a member or veteran of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation We may release medical information about you for Workers' Compensation benefits for any work-related injuries or illness.

Health Oversight Agencies We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure.

Lawful Needs We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process involved in a dispute; however, only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may release medical information if asked to do so by a **law enforcement official**:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person; or
- For inquiries about a victim of a crime or criminal conduct that may have involved someone's death.

Coroners, Examiners, or Funeral Directors We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.

Federal Requirements We may release medical information about you to authorized federal officials if required for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institutions We may disclose your health information to correctional institutions or to the custody of a law enforcement official if you are an **inmate**. Disclosure would be necessary for these purposes: For the institution to provide health care services to you; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Research Purposes Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to a strict approval and oversight process that evaluates the project focusing on the needs of the research as well as the need for patient privacy. Only de-identified information may be used.

Avert a Serious Threat to Health or Safety We may use or disclose medical information in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. Disclosure can only be made to a person who is able to help prevent the threat.

Required by HIPAA Privacy Rule We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

Written Permission Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made *only* with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons you have specified. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR HEALTH INFORMATION RIGHTS AS A PATIENT:

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it. However, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain upon request a paper copy of the notice of information practices, inspect, and obtain a copy of your health record. You also have the right to obtain an accounting of disclosures of your health information; request communication of your health information by alternative means or at alternative locations; and the right to revoke your authorization for use or disclosure of your health information except to the extent that action has already been taken.

You have the right to inspect and/or receive a copy of your medical information, which we use to make decisions about your care, in most cases, when you submit a written request to the Practice. We will respond to your request between thirty (30) and sixty (60) days unless a shorter timeframe is required by law. Should there be the need for a delay that exceeds thirty (30) days, we will provide you with a written notice both explaining the reason for the delay and the expected date by which the request will be completed. For more information, please see our Medical Record Release Form.

You have the right to amend your medical record, if you believe that medical information about you is incorrect or incomplete, you may ask us, in writing, to amend the information. To request an amendment, your request must be made in writing and submitted to Gateway Pediatrics. You **must** provide a reason that supports your request.

We may deny your request to an amendment if it is not in writing, or does not include a reason to support the request. We may additionally deny your request if you ask us to amend information that:

- We did not create;
- Is not part of the medical information kept by the Practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- The information that you request amended is accurate and complete.

You have the right to a list of instances where we have disclosed medical information about you, also called an "accounting of disclosures." Typically these are accesses of your medical information made for reasons other than for treatment, payment, and health care operations, and are without your written authorization. To request an accounting of disclosures, you must submit a written request to the Practice. Your request must state a time period that may not exceed seven (7) years from the date of request. Your request should indicate in what form you wish to receive the list, such as on paper or electronically.

You have the right to request that your medical information be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying the Practice in writing of the specific way or location for us to use to communicate with you. Your written request must specify how or where you wish to be contacted, and we must consider your request to be reasonable. Please note that we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

You may request, in writing, that we not use or disclose medical information about you for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and, to whom you want the limits to apply, for example, disclosures to your spouse.

We will consider your request but we are not legally required to accept it. If we do agree, we will comply with your request unless your information is needed to provide emergency treatment to you.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice.

For More Information or to Report a Problem:

If you have questions or would like additional information, you may contact Melissa Graves, Office Administrator/Designated Privacy Officer at 410.912.7000 during business hours. If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may file a grievance with the Practice or with the Secretary of the U.S. Department of Health and Human Services at www.hhs.gov. There will be no retaliation for filing a complaint. No individual filing a complaint shall be penalized in any way.

Effective Date: August 30, 2009

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