

**GATEWAY PEDIATRICS, LLC**  
**NOTICE OF PRIVACY PRACTICES**

**This Privacy Notice (Notice) will tell you about the ways that Gateway Pediatrics, LLC may use and disclose medical information about you (if you are our patient) or your child (if your child is our patient) and describes your rights and our duties regarding the use and disclosure of medical information. This Notice applies to all records of your care generated by any entity listed in this Notice.**

Most patients of Gateway Pediatrics, LLC are children. If you are a parent or legal guardian receiving this Notice, please understand that when we say “you” or “your” in this Notice, we are referring to your or your child’s medical information. References to disclosures of information to “you” or “your” mean disclosures to the patient, a patient’s parent, guardian or other persons legally authorized to receive information about the patient. In this Notice, we use the terms “we”, “us” and “our” to describe Gateway Pediatrics.

**TO WHOM THIS NOTICE APPLIES?** This Notice applies to all Protected Health Information (PHI) maintained by Gateway Pediatrics, LLC for services provided. Gateway Pediatrics, LLC health care professionals, employees, medical staff members, affiliated students, volunteer groups, and our vendors are subject to the terms of this Notice. Our personnel may have access to your PHI as employees, professional staff members, and others authorized to enter information in a Gateway Pediatrics, LLC medical record or persons working with us in other capacities.

**WHAT IS PROTECTED HEALTH INFORMATION (PHI)?** Protected Health Information (PHI) is individually identifiable health information about your past, present, and future physical or mental health or condition, health care services you receive, and past, present, or future payments for your health care, as well as genetic information. PHI also includes demographic information such as your name, Social Security Number, address and date of birth. Please note that your individually identifiable health information ceases to be PHI 50 years after your death. PHI may be in oral, written or electronic form. Examples of PHI include your medical records, claims records and communications between you and your health care provider about your care.

**OUR RESPONSIBILITY TO PROTECT YOUR PHI** Gateway Pediatrics, LLC is required by federal and state law to maintain the privacy of your health information. By law, Gateway Pediatrics, LLC must:

- Protect the privacy of your PHI;
- Tell you about your rights and our legal duties with respect to your PHI;
- Notify you if there is a breach related to your PHI;
- Tell you about our privacy practices; and
- Comply with the terms of the privacy notice currently in effect.

**YOUR RIGHTS REGARDING YOUR PHI**

**Right to Access your PHI.** Subject to certain exceptions, you have the right to inspect or receive a copy of your PHI that Gateway Pediatrics, LLC uses to make decisions about your care. Usually, this includes health and billing records. Requests must be made in writing and sent to the Gateway Pediatrics, LLC.

- After we receive your written request, we will let you know when and how you can see or obtain a copy of your medical record. If you agree, we will give you a summary/explanation of your PHI instead of providing copies.
- If we do not have the record you asked for but know who does, we will tell you who to contact to request it.
- Upon your request, PHI maintained electronically must be provided to you in electronic format. I We may charge you a fee for the copy or explanation/ summary, as allowed by state or federal law.
- In limited circumstances, we may deny some or all of your request to see or receive copies of requested records. If we do so, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

**Right to Amend Your PHI.** If you believe that your PHI is incorrect or incomplete, you may ask Gateway Pediatrics, LLC to correct or add to your record. Your request must be made in writing to Gateway Pediatrics, LLC. Contact information is found at the end of this Notice.

- Please provide a reason that supports your request and the correction or addition requested.
- We will respond to your request in writing. If we approve your request, we will make the corrections or additions to your PHI. If we deny your request, we will tell you why and explain your rights to file a written statement of disagreement which will be included in your record.

- We can deny your request if you ask Gateway Pediatrics, LLC to amend information:
  - Not created by Gateway Pediatrics, LLC;
  - Not part of the information kept by or for Gateway Pediatrics, LLC;
  - Not part of the information which you would be permitted to inspect and copy; or
  - Which is not inaccurate or incomplete, based on Gateway Pediatrics, LLC review.
- You have the right to request an amendment to information generated by Gateway Pediatrics, LLC. If you are asking for the amendment or correction of a medical record that Gateway Pediatrics, LLC has a copy of but did not create, we will instruct you to contact the source of that medical record.

**Right to a Disclosure Accounting.** You can ask for a list (accounting) of disclosures of your PHI by contacting the Gateway Pediatrics, LLC. The first accounting will be free, but we may charge a fee for additional accountings requested less than 12 months after the previous disclosure accounting is provided. An accounting does not include disclosures:

- To carry out treatment, payment and health care operations;
- For which Gateway Pediatrics, LLC had a signed authorization;
- Of your PHI to you;
- For notifications for disaster relief purposes;
- To persons involved in your care and persons acting on your behalf; or
- Not covered by the right to an accounting.

**Right to Request Confidential Communication by Alternative Means or to Alternative Locations.**

- You may ask us to send your PHI to you at a different address (for example, your work or alternative address) or by a different means (such as a fax instead of regular mail).
- You must make your request in writing to the Gateway Pediatrics, LLC.
- You can ask us to contact you in a specific way (for example, a request to contact you using your home or office phone, but not via cellular phone).
- If your PHI is stored electronically, you may request a copy of the records in an electronic format offered by Gateway Pediatrics, LLC. You may also request in writing that Gateway Pediatrics, LLC transmit the electronic copy to a designated third party.
- If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed such an amount.

**Right to Request a Limitation or Restriction on the Use and Disclosure of PHI.** You can ask Gateway Pediatrics, LLC to limit its use or disclosure of your PHI for purposes of treatment, payment and health care operations.

- Requests must be in writing and sent to the Gateway Pediatrics, LLC.
- For requests to restrict disclosure of your PHI, please request the restriction prior to receiving the services or items from Gateway Pediatrics, LLC.
- Gateway Pediatrics, LLC will consider your request. If we deny your request, we will notify you.
- Gateway Pediatrics, LLC is not required to agree to your request unless the following conditions are met:
  - You request a restriction on disclosure to a health plan or insurer for payment or health care operations purposes; and
  - The items or services have been paid for out of pocket in full.

Please Note: Gateway Pediatrics, LLC can still disclose your PHI to a health plan or insurer for purpose of treating you. Also, if we are required by law to disclosure certain PHI, we will do so even if you ask that we do not.

**Right to Obtain a Paper Copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. You may also obtain a copy of this Notice from our website. To request a paper copy of this Notice, contact the Gateway Pediatrics, LLC Privacy Officer. Please see the end of this Notice for contact information.

**Right to File a Complaint.** If you believe that your privacy rights have been violated, you may file a complaint with Gateway Pediatrics, LLC and the U.S. Department of Health and Human Services. Please see the end of this Notice for contact information. We respect your right to file a complaint; your care and treatment will not be affected and you will not be penalized for doing so.

## **HOW GATEWAY PEDIATRICS, LLC MAY USE OR DISCLOSE YOUR PHI?**

**Treatment.** Patient care is the most important use and disclosure of PHI. Gateway Pediatrics, LLC providers, nurses, and other healthcare personnel use and disclose your PHI to evaluate and coordinate your care and treatment needs such as disclosure needed to order prescriptions, x-rays, and lab work. Also, if your care is being provided by community resources or in an emergency situation Gateway Pediatrics, LLC may disclose your PHI to your hospital or health care provider rendering care.

**Payment.** Your PHI may be needed for Gateway Pediatrics, LLC to bill and collect payment for treatment and health-related services that you receive. For example, we can use and disclose your PHI to seek payment from your health insurer and from others who may be responsible for payment. We may also tell your health plan about a treatment you will receive to obtain a prior approval or to determine if your health plan or insurer will cover the treatment.

**Health Care Operations.** We may use and disclose your PHI for certain health care operational functions such as Gateway Pediatrics, LLC quality assessment and improvement, training and evaluation of Gateway Pediatrics, LLC health care professionals, licensing, and accreditation activities and to address and prevent criminal activity including fraud.

**Business Associates.** Gateway Pediatrics, LLC may contract with third parties to perform functions or activities on behalf of our patients. These functions include payment and healthcare operational activities. Such contracts include provisions which require our business associates to comply with the same HIPAA privacy standards that Gateway Pediatrics, LLC follows in order to safeguard patient PHI.

**Health-Related Services.** Gateway Pediatrics, LLC may send you information related to your health care needs, such as appointment reminders, follow-up reminders, educational materials, and information about upcoming Gateway Pediatrics, LLC events. We may use your PHI to tell you about our health-related products or services that may be of interest to you. If you do not want Gateway Pediatrics, LLC to contact you about these health-related services, please notify the Gateway Pediatrics, LLC Privacy Officer in writing.

**Identity Verification.** Gateway Pediatrics, LLC may photograph you for identification purposes and store the photograph in your medical record. This is for your protection and safety, but you may opt out.

**Health Information Exchanges.** We may share information electronically that we obtain or create about you with other health care providers or entities for treatment, payment, and healthcare operations through a Health Information Exchange (HIE). Two examples of HIEs with which Gateway Pediatrics, LLC shares such information include the Chesapeake Regional Information System for our Patients (CRISP) and the Children's Pediatric Health Network (PHN). Gateway Pediatrics, LLC participants like Gateway Pediatrics, LLC are required to meet rules that protect the privacy and security of your health and personal information.

The Chesapeake Regional Information System for our Patients (CRISP) is a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You can choose to not have your information shared through any of Gateway Pediatrics, LLC HIE networks at any time. You may opt out of sharing and searching of your medical information in CRISP and PHN by contacting: CRISP at 1-877-952-7477 or at [www.crisphealth.org](http://www.crisphealth.org) and PHN by e-mailing [phn@childrensnational.org](mailto:phn@childrensnational.org). However, certain information may remain accessible to the exchange participants. For example, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers as permitted by law.

**Specific types of PHI.** There are stricter requirements for the use and disclosure of some types of PHI which includes drug and alcohol abuse patient information, HIV tests, and mental health information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization, as required by law. Most uses and disclosures of psychotherapy notes require your written authorization. Federal privacy law defines "psychotherapy notes" very specifically to mean notes made by a mental health professional regarding conversations during private or group sessions that are maintained separately from the rest of your medical records. Generally, we do not maintain psychotherapy notes as defined by federal privacy law.

**Communications with Family Members and Others Involved in Care or the Payment of Care.** Unless you specifically tell us in advance not to do so, we may disclose medical information to a friend or family member who is involved in your care or who helps pay for care. There may be times when it is necessary to disclose PHI because there is an emergency, you are not present, or you lack the capacity to agree or object. In those instances, we will use our professional judgment to determine if

disclosure is in your best interest. If so, we will limit disclosure to the PHI directly relevant to the person's involvement in your care. For example, we may allow someone to pick up a prescription for you.

**Disaster Relief Organizations.** We may disclose medical information to organizations assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified of your condition, status, and location. We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist with disaster relief efforts, unless you object at the time.

**Disclosures to Parents as Personal Representatives of Minors.** In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's PHI. An example is when your child has the right to independently seek medical advice about family planning or treatment for sexually transmissible diseases.

**To Avert a Serious Threat to Health or Safety.** Gateway Pediatrics, LLC may use and disclose PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure will be to someone able to help prevent harm to the health or safety of you, another person, or the public.

**Public Health Activities.** Gateway Pediatrics, LLC may disclose medical information for public health activities. These generally include the following:

- To prevent or control disease, injury or conditions;
- To report births and deaths; I To report suspected child abuse, neglect or domestic violence when required or authorized;
- To report reactions to medications, problems with products or other adverse events;
- To notify you of recalls of products that you may be using; and
- To notify a patient or personal representative who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities.** Gateway Pediatrics, LLC may disclose medical information to a health oversight agency for activities authorized or required by law. For example, these activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor Gateway Pediatrics, LLC activities, government programs, and compliance with civil rights and other laws.

**To Comply with the Law.** We will share information about you when required to do so by state, local or federal laws, including disclosures to the U.S. Department of Health and Human Services.

**Organ Donation.** We may use or disclose PHI to organ procurement organizations to assist with organ, eye, or tissue donations.

**Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.

**Lawsuits and Other Legal Disputes.** We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization; for example, to defend a lawsuit or arbitration.

**Law Enforcement.** We may disclose PHI to authorized officials for law enforcement purposes. For example, we can disclose PHI under the following circumstances:

- To respond to a court order, search warrant, subpoena or summons or similar process;
- To report a crime on our premises;
- As required by law to report certain types of injuries;
- To provide certain limited information to identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;

- In a medical emergency to report a crime, the location of the crime or victims, or the identity, description or location of a person who may have committed the crime.

**Military Activity and National Security.** We may sometimes use or disclose the PHI of armed services personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose PHI to authorized federal officials as necessary for national security and intelligence activities or for the protection of the president or other government officials and dignitaries.

**Inmates.** Under the federal law that requires us to give you this Notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate in a correctional facility or under the custody of a law enforcement official, we may disclose PHI about you to the correctional facility or law enforcement official. We would only do so if the medical information is necessary for providing health care, your health and safety or the health and safety of others or the safety or security of the correctional institution.

**Patient Appreciation Letters, Pictures, or Cards.** We may share with Gateway Pediatrics, LLC staff and visitors patient appreciation letters, pictures, cards, etc.

**Incidental Disclosures.** While Gateway Pediatrics, LLC employs appropriate safeguards to ensure the privacy of your medical information, certain disclosures may occur incidentally. An example would be a third party overhearing a provider's confidential discussion with another provider or patient in a semi-private area where privacy safeguards are limited due to the close physical proximity of patients.

**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.

#### **CHANGES TO THIS NOTICE**

*We may change this Notice and our privacy practices at any time so long as the change is consistent with state and federal law. Unless prohibited by law, a change to this Notice is effective immediately for medical information already in our possession, as well as information received in the future. If we make an important change to our privacy practices, we will promptly change this Notice. Any changes to this Notice will be posted throughout Gateway Pediatrics, LLC locations, the Patient Portal and our website. Unless immediate changes are required by law, we will not implement an important change to our privacy practices before we revise this Notice.*

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information, you may contact Melissa Graves, Practice Administrator/Designated Privacy Officer at 410.912.7000 during normal 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 Gateway Pediatrics, LLC or with the U.S. Department of Health and Human Services, Office for Civil Rights at 1-877-696-6775 or [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). To access, amend, correct, or restrict use of your PHI, to request that we contact you in a specific way, or to request an accounting of the use and disclosure of your PHI, please contact Gateway Pediatrics in writing at 1415 Wesley Drive, Salisbury, MD 21801.

**Effective Date: August 30, 2009**

**Updated: December 27, 2022**