

# 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.**

If you have any questions about this notice, please contact, KHP Privacy Officer at (410) 687-0808.

**WHO WILL FOLLOW THIS NOTICE.** When this Notice refers to "we" or "us," it is referring to KHP and each of the entities or persons listed below.

- o All employees, staff and other KHP personnel including any member of a volunteer group or student we allow to help you while you are in our facility.
- o All entities including all physicians are wholly owned by KHP.

All of these entities, sites, and locations follow the terms of this Notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION.** We understand that your medical information is personal and confidential, and are committed to protecting your medical information. We create a record of the care and services you receive at KHP to provide you with quality care and to comply with legal requirements. This Notice will tell you how we may use and disclose medical information about you, and describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- Make sure that medical information identifies you is kept private, and it is used or disclosed only as described by this Notice or applicable law.

- Make this Notice of our legal duties and privacy practices with respect to your medical information available to you; and
- Follow the terms of this Notice that is currently in effect.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at various places in our facility. In addition, at any time you may request a copy of the current Notice in effect. The Notice will contain on the first page, in the top right-hand corner, its effective date.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose your medical information. For each category of uses and disclosures we will explain what we mean and try to give some examples. 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 will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other KHP personnel who are involved in taking care of you at our facility. We also may disclose medical information about you to people outside our facility that may be involved in your medical care after you leave our facility.

**For Payment.** We will disclose medical information about you to your insurance company, health plan or other person that pays for all or part of your care in order to

bill and be paid for the treatment and services you receive at our facility. For example, we may give your health plan information about your treatment you received at our facility so your health plan will pay us or reimburse you for the treatment, or tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Healthcare Operations.** We will use and disclose medical information about you for any KHP operations. These uses and disclosures are necessary to run KHP and make sure that all of our patients receive quality care. For example, we may use medical information to review the treatment and services provided to you and to evaluate the performance of our staff in caring for you. We may also combine medical information about many KHP patients to decide what additional services KHP should offer, what services are not needed, and whether certain treatments are effective.

**Individuals Involved in Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care, or to notify a friend or family member that you are in the Hospital especially in emergency cases.

**Appointment Reminders.** We may contact you to remind you that you have an appointment at our office.

**Treatment Alternatives or Health-Related Benefits and Services.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you, or we may contact you to tell you about benefits or services that we provide.

**Special Situations.** We may also release your medical information in any of the following circumstances:

Kiddie Health Pediatrics (KHP), LLC  
Rossville Professional Center  
1232 Race Road, Suite 303  
Baltimore, MD 21237  
(410) 687-0808  
(410) 687-0070 - Fax

Melanie M. Garcia, M.D., F.A.A.P.  
Pediatrics