



Towson Office
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Towson, MD 21286
Phone: 410-494-1369
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Reisterstown Office
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Suite 203
Reisterstown, MD 21136
Phone: 410-526-7993
Fax: 410-526-5144

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

Protected Health Information (PHI) is medical information that relates to a person's physical or mental health, the provision of health care, the payment for health care and healthcare operations.

Our Duties

We are required by law to maintain, as we always have, the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change these terms and any changes will be effective for all medical information we maintain. A copy of a revised notice will be available at our offices or from our Privacy Coordinator by calling 410-494-1369 Towson office or 410-526-7993 Reisterstown office or in writing to: Main Street Pediatrics, Attention: Jody Levison, Privacy Coordinator, 515 Fairmount Avenue Suite 200, Towson, MD 21286. You may also address questions regarding our privacy practices, your privacy rights, or requests for additional information regarding your privacy to this person.

Permitted Uses

We may use and disclose your medical information for specific reasons. We will limit our disclosure to the minimum necessary to comply with the request.

1. **Treatment:** We will use and disclose your medical information to provide, coordinate your health care and any related services. For example, your health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you.
2. **Payment:** We will bill your insurance company, you directly, or another person that may be responsible for payment of your account. We may need to contact your health plan to see if you are covered by the plan. We will share your medical information with third party "business associates" as necessary (eg: billing services) for the practice.
3. **Healthcare Operations:** We may use or disclose, as needed, your medical information in order to appropriately run the practice and care for your child. For example, we may use a sign-in sheet at the registration desk where you are asked to sign your child's name and indicate your physician. We may also call you or your child by name in the waiting room when the physician is ready to see you. We may disclose immunization information requested from your child's daycare, school, team sport or camp. We will use telephone numbers given to us to contact you and will leave messages on your answering machine or inform persons answering a telephone regarding appointments or lab results. We may use your address to remind you of appointments or other medical care issues. We appreciate your cards and pictures and they may be displayed in our offices unless you state otherwise.

Deborah Bittar, MD, FAAP Paul Bodnar, MD, FAAP Peter Claybour, MD, FAAP Rose Mulaikal, MD, FAAP Bonnie Orzech, MD, FAAP

Richard Silberg, MD Sara Spinner-Block, MD, FAAP Jonathan Surell, MD, FAAP Anthony Vazzano, MD

Disclosures:

We may use and disclose medical information about the patient without your specific authorization:

Disclosures Required by Law: We may be required by federal, state or local law to disclose your medical information.

Public Health Activities: We may disclose your medical information to a public agency, such as the Food and Drug Administration (FDA), if you experience an adverse effect from any of the drugs, supplies, or equipment we use.

Health Oversight Activities: We may be required to disclose your medical information to an insurance company or related agency if they select your case for a medical review.

Judicial and Administrative Proceedings: We may have to disclose your medical information if we receive a subpoena from a judge or administrative tribunal.

Law Enforcement: We may have to disclose your medical information in conjunction with the criminal investigation by a federal, state or law enforcement agency.

Serious Threats to Health or Safety: We may be required to disclose your medical information if, in our opinion, doing so will help avert a serious threat to the public.

Military Personnel: We may disclose your medical information to the appropriate command authorities.

Worker's Compensation: We may disclose your medical information to comply with laws regarding worker's compensation. eg. being injured on the job.

Patient Rights

You have certain rights with respect to your medical information.

Requesting Restrictions: You may ask us to limit our use or disclosure of your medical information. We are not required to agree to your request, but if we agree to it, we will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must: 1) be in writing, 2) describe the information that you want restricted, 3) state if the restriction is to limit our use or disclosure, 4) state to whom the restriction applies and 5) state time frame of restrictions.

Confidential Communications: You may ask that we communicate with you in a particular way, or at a certain location, to maintain your confidentiality. Your request must be in writing and must tell us how you intend to satisfy your financial responsibility and specify an alternate way that we can contact you confidentially. You do not have to give a reason for your request.

Inspect and Copy: You may request access to inspect and copy medical information maintained in our records, including medical and billing records. Your request must be in writing. We will act on your request within 30 days after we receive it. If we deny your request we will send you a written denial. If this happens, you may request a review of the denial. We may charge you a fee for this service. There will be a charge for a copy or transfer of patient records. Records will be copied by our staff.

Amendment: You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. Your request may be denied if we believe that the information is complete and accurate, if the information is not part of the medical information that you would be permitted to inspect or copy, or if we did not create the information. If denied, you will receive a written notice.

Accounting of Disclosures: You may request a list of disclosures that we have made of your medical information over the previous six years. You may not request an accounting for dates of service prior to April 14, 2003. There may be a charge for this request.

Paper Copy of This Notice: You are entitled to receive a paper copy of our Notice of Privacy Practices by using the contact information supplied on the first page.

File a Complaint: If you believe that we have violated your privacy rights or have a complaint concerning our policies, you may file a complaint directly with us using the contact information supplied on the first page. The complaint must be filed within 180 days of when the complainant knew or should have known that the act of omission complained of occurred, unless the time limit is waived by the Secretary of Health and Human Services for good cause shown. A complaint will not interfere with the health care we give you.

Provide an Authorization for Other Uses and Disclosures: We will request your written authorization for uses and disclosures of your medical information that are not identified in this notice or permitted by law, e.g. a request from your employer for medical information. You may revoke your authorization at any time in writing.

Notice of Privacy Practices Effective April 14, 2003

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