

## Maryland Pediatric Cardiology Center *Notice of Privacy Practices*

**The notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.**

At **Maryland Pediatric Cardiology Center**, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this office.

The law permits us to share or disclose your health information to those involved in your treatment, for example, a review of your file by a specialist doctor whom we may involve in your care. We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company. We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy. We may use your information to contact you. For example, we may send newsletters or information. We may also want to call and remind you about your appointment. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all your health information when required by law.

If this practice is sold, your information will become the property of the new owner unless the practice notifies you otherwise. **You authorize us to use electronic means such as phone, email, voice mail, text or any future means to contact you.**

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address and telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies. **\$20 ADMINISTRATION FEE PLUS \$1.10 PER PAGE. You will also be responsible for postage.**

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S. W., Room 509F, and Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our privacy officer Brenda Smith, 202-877-5408. This notice goes into effect as of August 1, 2012.

### Acknowledgement

I have received a copy of the **Maryland Pediatric Cardiology Center** Notice of Privacy Practices.

Today's Date \_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

**If signing as a parent or Guardian, Please provide the Patient's name:**

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