

HIPAA NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

March 1, 2008 is the effective date of this notice for Lancaster Pediatrics, PA., Updated: April 9, 2015.

This notice describes how health information about you or your child as a patient of this practice 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: Duniya R. Lancaster, MD at Lancaster Pediatrics, PA, 2850 North Ridge Road, Suite 203, Ellicott City, MD 21043 (410) 480-2803. This notice describes the privacy practices at our office.

Our practice is dedicated to maintaining the privacy of your individually identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We must provide you with the following important information: how we may use and disclose your health information; your privacy rights in your health information; and our obligations concerning the use and disclosure of your health information.

How we may use and disclose your health information: Described as follows are the ways we may use and disclose your health information. Except for the following purposes we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to Duniya R. Lancaster, MD at Lancaster Pediatrics, PA.

Treatment. We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Payment. We may use and disclose your health information so that others or we may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give information to your health plan so that they will pay for your treatment.

Health Care Operations. Our practice may use and disclose your health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your health information to other health care providers and entities to assist in their health care operations.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you could use.

Release of Information to Family/Friends or Individuals Involved in Your Care or Payment for Your Care . Our practice may release your health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.

Disclosures Required By Law. Our practice will use and disclose your health information when we are required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

Business Associates. We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose than appears in their contract with us.

Public Health Risks. We may disclose your health information for public health activities to prevent or control disease, injury or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. We may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If we are concerned that a patient may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government authority. We will make that disclosure only when you agree or when required or authorized to do so by law.

Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary to for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises; and 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

National Security and Intelligence Activities. We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.

Military and Veterans. If you are a member of U.S. or foreign military forces, we may release your health information as required by the appropriate military command authorities.

Worker's Compensation. We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

Your Privacy Rights in Your Health Information:

Right to Inspect and Copy. You have the right to inspect and copy your medical and billing records by written request to Duniya R. Lancaster, MD. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; such as to protect adolescent confidentiality rights. However, you may request a review of our denial.

Right to Amend. You have the right to request an amendment to your records by written request to Duniya R. Lancaster, MD.

Right to an Accounting Of Disclosures. You have a right to an accounting of certain disclosures by written request to Duniya R. Lancaster, MD.

Right to Request Restrictions. You have the right to request restriction or limitation on your health information used for treatment, payment or health care operations. You may request us to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to Duniya R. Lancaster, MD. We are not required to agree with your request, but we will try to comply.

Right to Request Confidential Communication. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Duniya R. Lancaster, MD specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice in writing to Duniya R. Lancaster, MD or with the Secretary of the Department of Health and Human Services.

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. Please note, we are required to retain records of your care.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any visit or by written request to Duniya R. Lancaster, MD. We may change this notice and make it effective for medical information we already have about you as well as new information. The current notice will be available at all times.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact: Duniya R. Lancaster, MD, Lancaster Pediatrics, PA , 2850 North Ridge Road, Suite 203, Ellicott City, MD 21043 (410) 480-2803.

**Lancaster Pediatrics, PA
Receipt of HIPAA Notice of Privacy Practices
Written Acknowledgement Statement**

I, _____, have received a copy of Lancaster Pediatrics, PA's
Patient Name or Guardian of Patient

HIPAA Notice of Privacy Practices.

Signature of Patient or Guardian of Patient

Date