

# Van Dorn Pediatrics, P.C.

2500 N Van Dorn St. Suite 109, Alexandria, VA 22302

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## **NOTICE OF PRIVACY PRACTICE**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN ATTAIN ACCESS TO THIS INFORMATION.

**PLEASE READ CAREFULLY, AND ASK ANY QUESTIONS ABOUT THIS NOTICE**

### **1. OUR COMMITMENT TO YOUR PRIVACY**

Dr. Andrawis and the staff of Van Dorn Pediatrics, P.C., in accordance with applicable federal and state law, are committed to maintaining the privacy of you/your child's protected health information (PHI). In conducting our business, we will create records regarding you/your child that include information about their health condition and the care and treatment performed by the practice. We may change our notice at any time. The new notice will be effective for all PHI maintained at that time.

### **2. HOW THE PRACTICE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)**

The practice, in accordance with this notice and without asking for express consent/authorization may use and disclose you/your child's PHI for the purposes of:

**- Treatment -** To provide the required health care, the practice may use and disclose you/your child's PHI to those health care professionals, whether on the practice's staff or not, so that *it* may provide, coordinate, plan and manage you/your child's health care. This also includes laboratories and pharmacies that we deal with in order to diagnose or write you a prescription.

**- Payment -** To get paid for services provided to you/your child, the practice may provide PHI, directly or through a billing service, to a third party who may be responsible for you/your child's care, including insurance companies and health plans. If necessary, the practice may use you/your child's PHI in other collection efforts with respect to all persons who may be liable for the practice's bills related to your care. The practice may also need to tell your insurance plan about treatment you are going to receive so that it can determine whether or not it will cover the treatment expense.

**- Health Care Operations -** To operate in accordance with applicable law and insurance requirements, and to provide quality health care, the Practice may need to compile, use and disclose your PHI. For example, the Practice may use your PHI to evaluate the performance of the Practice's personnel in providing care to you/your child, or in training medical students who rotate in the practice.

### **3. OTHER EXAMPLES OF HOW THE PRACTICE MAY USE YOUR PROTECTED HEALTH INFORMATION:**

**-Appointment Reminder-** The practice may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you/your child by mail, phone or e-mail.

**-Directory/Sign-In log-** The practice may have a sign in log at its reception desk for individuals seeking care in the office. This will include you/your child's name. The sign in log is located in a position where staff as well as others who are seeking care in the office can see it. We may also call you/your child by name when your physician is ready to see you.

**-Family/Friends-** The practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, you/your child's PHI directly relevant to such person's involvement with your care or the payment for your care. The practice may also use or disclose you/your child's PHI to notify or assist in the notification (including identifying or locating) a family member, or other person responsible for your/your child's care, of you/your child's location or general condition.

**Please Turn Over →**

#### **4. YOUR RIGHTS**

**You have the right to:**

- 1) Revoke any authorization/consent you have given to the practice, by submitting a written request to the practice's privacy officer. You may request restrictions on certain uses and disclosure of you/your child's PHI including treatment, payment or healthcare operations as proved by law. Except in certain instances, the practice may not be obligated to agree to any requested restrictions. In your written request, you must inform the practice of: a) what information you want to limit b) whether you want to limit the practice's use or disclosure, or both, c) to whom you want the limits to apply. If the practice agrees to your request, the practice will comply with your request unless the information is needed in order to provide you/your child with emergency treatment
- 2) Receive confidential communication or PHI by alternative means or at alternative locations, For example, you may ask to be contacted at home only and not at work, you must make your request in writing to the practice's privacy officer. The practice will accommodate all reasonable requests.
- 3) Inspect and copy you/your child's PHI as provided by law. To inspect and copy you/your child's PHI, you must submit a written request to the practice's privacy officer. The practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. Our practice may deny your request to inspect and or copy in certain circumstances, but you will have the right to review the denial as set forth more fully in the written denial notice.
- 4) Amend your PHI as provided by law. You may ask to amend you/your child's PHI if you believe it is incorrect or incomplete. To request an amendment, you must submit a written request to the practice's privacy officer. You must provide a reason that supports your request; the practice may deny your request if you do not provide a reason in support of your request, if the information to be amended was not created by the practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete in our opinion. If you disagree with the practice's denial, you will have the right to submit a written statement of disagreement
- 5) Receive an accounting of disclosures of your PHI as provided by law. An 'accounting of disclosures' is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operation purposes. To request an accounting, you must submit a written request to the practice's privacy officer. The request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but the practice may charge you for the cost of providing additional lists. The practice will notify you of the costs involved before any costs are incurred.
- 6) Receive a paper copy of this privacy notice from the practice upon request to the practice's privacy officer.
- 7) Complain to the practice or to the Secretary of Dept. of Health and Human Services, if you believe you/your child's privacy rights have been violated. To file a complaint with the Practice, you must contact the practice's privacy officer, Moheb Andrawis, M.D. in writing.

#### **5. THE PRACTICE'S REQUIREMENTS**

**The practice:**

- 1) Is required by federal law to maintain the privacy of you/your child's PHI and to provide you with this privacy notice detailing the practice's legal duties and privacy practices with respect to you/your child's PHI.
  - 2) May be required by State law to maintain greater restrictions on the use or release of you/your child's PHI than that which is provided for under federal law. In particular, the practice is required to comply with the following state statutes: Health General Article, Title 4, Subtitle 3, Confidentiality of Medical Records and Subtitle 4, Personal Medical Records,.
  - 3) Will distribute any revised Privacy Notice to you prior to implementation and will not retaliate against you for filing a complaint
- EFFECTIVE DATE: This Notice is in effect as of October 28th, 2004.

**PATIENT/GUARDIAN ACKNOWLEDGEMENT**, by subscribing my name below, I acknowledge receipt of a copy of this notice, and my understanding and my agreement to its terms.

**Patient(s):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_