

Discovery Pediatrics
10313 Georgia Ave Suite 303
Silver Spring, MD 20902
Notice of Privacy Practices
(Effective 4/03)

Federal and state laws require us to maintain the privacy of your health information. This practice has implemented the following policies and procedures to ensure the confidentiality of your personal and/or medical information.

Your physician(s) and all other employees working in the practice will keep any information related to you (medical and/or non-medical) in a confidential manner. However, so that we may provide you with appropriate medical care, for general practice operations and or for the purposes of obtaining payment, we will, at our discretion provide information pertaining to treatment, payment and healthcare operations to other health care related entities. This information will be submitted through the following mechanisms: U.S. Postal Service, fax submission, internet submission, voice mail and/or personal communications. The following is a list of the most common types of entities that we most typically would provide personal health related information. This list is not an all-inclusive list. Other entities may be added to this list.

- Physician and non-physician providers (i.e. specialists, physical/occupational/speech therapists, etc.) who work outside of this practice.
- Medical facilities (hospitals, outpatient centers).
- Laboratories for the purposes of running medical tests.
- Other health care providers, such as pharmacies, durable medical equipment suppliers.
- School nurse or health departments.
- Insurance companies (or third party administrators) for the purpose of obtaining payments, reviewing medical necessity and or general case management.
- State or Federal agencies that require the submission of specific health related information.

We may need to contact you by phone to discuss your appointments, tests results, treatments, referrals, accounts balances and/or to return your phone call. We will attempt to contact you at the phone numbers that you have provided. If you are not available, we will leave a message for you to either call the office for a specified reason (i.e. discuss test results, account balance) or we will remind you of your appointment time. In the event you do not pay all of your charges in full at the time of your visit, we will mail a statement to your home. We will use the home address you provided us with at the time you register with the practice.

We may contact your insurance company to determine your coverage, eligibility, deductible and/or your co-insurance or co-pay requirements. If necessary for obtaining payment, we will provide credit bureaus and/or collection agencies with your account information.

If you would like information sent to another physician, insurance company, etc. you must authorize the release of this information, in writing (we will provide you with the necessary form to complete).

You may review and/or obtain a copy of your medical record. You may request, in writing, changes be made to your medical record. We will review your reason(s) for such a request and if we agree, will make the change(s). If we do not agree with your request, you are entitled to have your statement added to the record.

Anytime we disclose your medical information for purposes other than treatment, payment and health care operations, we will complete the Accounting of Disclosures (below). This information is available to you at your request.

When necessary, these policies will be modified to ensure compliance with practice operations and with State and Federal privacy regulations.

If you have any questions or concerns with the policies and/or procedures noted above, please contact our office during regular business hours at 301-681-7020. We trust that you are comfortable with our sincere efforts to maintain the confidentiality of the information related to your medical care. You may revoke any aspects of this consent at any time by giving us written notice. Finally, if you believe we have not maintained the privacy of your

records, you may file a complaint with the Secretary of the US Dept. of Health & Human Services. There will be no retaliation for filing a complaint.

We reserve the right to change our privacy practices and if we do so, we will issue an updated notice to all our patients. I have read this policy and agree to the terms stated here.

Patients Name: _____ Guardians Signature: _____
Date: _____

Accounting of Disclosures

Date	Name/address	Purpose of disclosing information