

## Dundalk Pediatric Associates

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### NOTICE OF PRIVACY PRACTICES

January 1, 2010

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights to privacy regarding your protected health information. This information can and will be used in the following ways:

**Treatment** – meaning providing, coordinating, and managing health care by one or more health care providers.

**Payment** – obtaining reimbursement for services, billing activities, and utilization review.

**Health Care Operations** – involving business aspects of our practice such as quality assessment, cost-management analysis.

We may also create and distribute health information after removing all references to information which can be matched to an individual patient or family.

We may contact you to provide appointment reminders or information about treatment.

Any other uses and disclosures will be made only with your written authorization. You may revoke this authorization in writing and we are required to abide by that written request, unless we have already taken actions relying on your authorization.

You may present a written request to the Privacy Officer for the following:

To request restrictions on certain uses and disclosures of protected health information, such as disclosures to family members or other persons identified by you.

To request the receipt of confidential communications from us by means other than mail sent to the address of record or phone calls to the number on our files.

To inspect and copy your health information.

To request an amendment to your health information.

To receive an accounting of disclosures of protected health information.

To request a copy of this notice.

For more information about HIPPA or to file complains:

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independent Avenue, S.W.  
Washington, DC 20201  
(202)619-0257 or 1-877-696-6775