



NOTICE OF PRIVACY PRACTICES

Effective date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR CHILD'S HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required to maintain the privacy of your child's health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your child's rights concerning your child's health information. We are required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your child's health information by alternative means or by alternative locations. We reserve the right to change our practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event the changes are made, we will notify you at the current address provided on your child's file.

Other than for reasons described in this notice, Kids Super Smile agrees not to use or disclose your child's health information without your authorization.

To receive additional information or report a problem

For further explanation of this notice you may contact our office at (410) 953-0111. If you believe your privacy rights have been violated, you have the right to file a complaint with this office by contacting the individual above, or by contacting the Secretary of Health and Human Services, with no fear of retaliation by this office.

Understanding your rights

You have the right to look at or get copies of your child's health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot do so. We will charge \$10.00 per family for the copy of written records. There is no cost for the request of records to be emailed.

Disclosure Accounting

You have the right to receive a list of instances in which we or our business associates disclosed your child/children's health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003.

Restriction

You have the right to request that we place additional restrictions on our use or disclosure of your child/children's health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication

You have the right to request that we communicate with you about your child/children's health information by alternative means or to alternative locations. Your request must be in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment

You have the right to request that we amend your child/children's health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

We use and disclose health information about your child/ children for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your child/ children's health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your child/ children's health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your child/ children's health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your authorization: In addition to our use of your child/ children's health information for treatment, payment, or healthcare operations, you may give us written authorization to use your child/ children's health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your Family and Friends: We must disclose your child/ children's health information to you, as described in the Patient Rights section of this Notice. We may disclose your child/ children's health information to a family member, friend or other person to the extent necessary to help with your child/ children's healthcare or with payment for your child/ children's healthcare, but only if you agree that we may do so.

Marketing Health-Related Services: We will not use your child/children's health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your child/children's health information when we are required to do so by law

Abuse or Neglect: We may disclose your child/children's health information to appropriate authorities if we reasonably believe that your child/ children's are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child/ children's health information to the extent necessary to avert a serious threat to your child/ children's health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).