

## COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access or amendment to your records, you may contact the person listed below.

You may file a complaint with this office and/or send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights.

We will provide you with the address to file your complaint and a copy of the complaint form or website link for filing electronically.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## CONTACT INFORMATION:

Parker Reid  
PRIVACY OFFICER

410-414-9901  
[Barstow.acrescc@yahoo.com](mailto:Barstow.acrescc@yahoo.com)  
Barstow Acres Children's Center  
590 Main Street  
Prince Frederick, MD 20678  
Phone: 410-414-9901  
Fax: 410-414-9902  
[www.childrencenter.net](http://www.childrencenter.net)



**Barstow Acres Children's Center**  
590 Main Street  
Prince Frederick, MD 20678  
Phone 410-414-9901

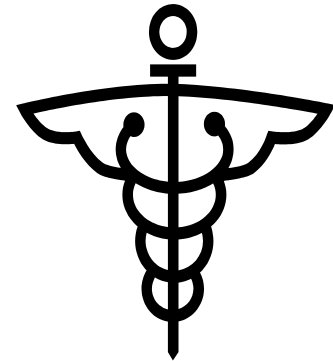
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## BARSTOW ACRES CHILDREN'S CENTER

HEALTH INSURANCE PORTABILITY AND  
ACCOUNTABILITY ACT

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## NOTICE OF PRIVACY PRACTICES



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

**PLEASE REVIEW IT CAREFULLY**

## Our Legal Duty

We are required by applicable federal and state law to protect the privacy of your health information, provide this notice to you about our privacy practices, your rights concerning your health information and follow the privacy practices that are described in this notice. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you. You may request a copy of our Notice at any time. For more information regarding our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### Uses and Disclosures of Health Information

We use and disclose health information about you for **treatment** (other providers, diagnostic testing, prescription, consultation, referral, etc.) to obtain **payment** (submit claims and/or encounters to insurance carriers, billing services and/or clearinghouses, and/or collection agencies, etc.) for **administrative purposes** (reporting, utilization management, quality improvement and surveys, etc.) and to evaluate the quality of care that you receive.

**To You, Your Family and Friends:** We must disclose your health information to you. We may disclose your health information to a family member, friend or other person to the extent necessary to assist with your health care or with payment for

your health care, but only if you agree that we may do so, or if you are not able to agree, if it is necessary in our professional judgment. We may contact you by telephone, postcards or letters to provide appointment reminders, test results, or information about treatment alternatives or other health related benefits and services that may be of interest to you, but only if you agree that we may do so.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances, abuse or neglect, national security, judicial and administrative hearings.

**Your Authorization.** You may give us written authorization to use or disclose your health information to anyone for any purpose. In any circumstances other than those listed in this notice, we will ask you for a written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

**Marketing:** We will not use your health information for marketing communications without your prior written authorization. We will never sell your health information without your prior written authorization.

## Individual rights

**Access:** You have the right, following a written request and agreed upon date and time, to look at, get a copy of or receive electronically protected health information about you that we use to make decisions about you. If you request copies, we will charge you at our cost for each page.

**Accounting:** You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes.

**Amendment:** If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information.

**Restriction:** You may request in writing that we restrict and/or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

**Alternative Communication:** You may request in writing that we communicate with you by alternative means or to alternative locations. Examples would be calling you at work or on a cell phone and sending information to a post office box or email address rather than to your home address.

**Acknowledgement:** You will be asked to sign an acknowledgement of receipt of the Notice of Privacy Practices. We are required by federal law to request your acknowledgement. You have the right to refuse to sign or if you are unable to sign, a family member or personal representative may sign for you.