

# CARROLL CHILDREN'S CENTER

## Notice to Patients

This notice describes how medical information about you may be used and disclosed. We are required by law to protect the privacy of your protected health information. This document also explains how you can gain access to your medical information and who to contact should you have any complaint. Please read this document carefully and sign the bottom of the form to acknowledge that you have received it.

- A. The general consent for release medical records that you sign authorizes Carroll Children's Center to disclose the information in your medical records for treatment, payment, and healthcare operations:
  1. For the purpose of providing treatment to you. Your information may be shared with e.g. Employees and contractors of the provider, or with healthcare providers who are treating you or consulting in your care.
  2. For the purpose of arranging payment for your care. Your information may be shared with your insurer or other third-party payer who is responsible for paying all or part of the cost for your care.
  3. For the purpose of healthcare operations. We may use and disclose information that is necessary for our operations (e.g. internal quality assessments, contacting other healthcare providers about treatment alternatives.) We may use information about you to remind you of an appointment for treatment of medical care.
- B. You may be asked to sign a specific authorization for release of medical records, which will authorize us to make a specific disclosure that is not covered under section A above. The specific information, the entity to whom it will be disclosed, and the purpose for which it will be used will be documented or your review before signing.
- C. You may revoke any consent or authorization provided to us by giving a written notice of revocation.
- D. We may be required by law to disclose your records that you have not authorized. For example if we receive a subpoena for the records or if public responsibility requires disclosure e.g. to protect public health. We will keep all disclosures of your medical records to the minimum necessary.
- E. Your rights regarding health information about you
  1. You have the right to inspect and copy your health information.
  2. If you feel that the health information we have about you is incomplete or inaccurate you have the right to request an amendment to your medical records. The request must be made in writing with the reason that supports your requests. If we do not agree with your request you have the right to ask that your statement be placed in the medical record.
  3. You have the right to find out how your health information is used and to whom it is disclosed. You may request an accounting of your medical record disclosures made by us except for disclosures made for treatment, payment and healthcare operations.
  4. You have the right to receive a paper copy of this notice.
- F. We are required by law to maintain the privacy of your protected health information and if you believe that your rights have been violated you may complain to the Secretary of the U.S. Department of Health and Human Services or complain by talking to us, calling us, or writing to us with details. Please ask to speak to or contact our privacy complaints contact person, office manager, at our office. We will not retaliate in any way against a patient making a complaint.
- G. We reserve the right to change our privacy practices and to make new policies effective for all protected health information that we maintain. If we should do so we will issue an updated "notice to patients" to all of our patients, parents, and/or legal guardians.

For further information please call the office manager at 410-848-4424

Name of patient: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of birth: \_\_\_\_\_

Signature of patient or lawfully authorized representative: \_\_\_\_\_