

NOTICE OF PRIVACY PRACTICES

This Notice is effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Pediatric Group and Families Too is required to provide you with this Notice of Privacy Practices under the federal Health Insurance Portability and Accountability Act (HIPAA). For more information about HIPAA and answers to frequently asked questions, visit our website at www.pediatricgroup.com. The Pediatric Group, LLP and Families Too is required by law to:

- Maintain the privacy of your protected health information
- Provide this Notice of our legal duties and privacy practices for use and disclosure of your protected health information
- Follow the terms of this Notice
- Communicate any changes in this Notice to you

This Notice describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. The Notice also describes your right to approve or refuse the release of specific information, except when the release is required or authorized by law. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for health information we already have, as well as any information we receive in the future. If we change the Notice, the changed notice will be posted on our web site, available in our offices and mailed, as appropriate.

We will provide you with an Acknowledgment and Consent by which you can acknowledge your receipt of this Notice and consent to our use and disclosure of protected health information as described in the Notice. We will also ask you to give us a Privacy Code to use for identification purposes as appropriate. Our intention is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. Our provision of services will not be conditioned upon your signing the Acknowledgment and Consent. If you decline, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION The Pediatric Group and Families Too will use your protected health information as stated below. The examples given of permitted uses and disclosures of your protected health information are illustrative and not exhaustive.

Required Uses and Disclosures By law, we must disclose your protected health information to you unless a competent medical authority has determined it would be harmful to you. We must also disclose protected health information to the Department of Health and Human Services for investigations or determinations of our compliance with laws related to the protection of your protected health information.

Treatment We will use and disclose your protected health information to provide, coordinate and manage your health care and related services. The sharing of health information for treatment purposes may progress to others involved in your care, such as specialists, pharmacists and laboratory technicians. For example, disclosures may be made to pharmacists and their staffs as to drugs you have been prescribed so that potential interactions can be identified. In emergencies, we will use and disclose your protected health information to provide the treatment you require. In addition to communicating with you at an office visit, we may need to contact you from time to time. To communicate with you regarding treatment or otherwise, we will use the names, addresses (street and email), telephone numbers (land lines for home and office, cellular telephone, facsimile) and other contact information you provide to us. We will assume that when using the information you provide, we may leave messages on answering systems at those numbers, send facsimiles without calling first to confirm your presence at the machine on the receiving end, and send mail and email without confirming your presence on the receiving end or confirming your exclusive use of the address. For instance, we might leave a message on your home answering machine that your lab results are available and to call us, or send a postcard reminding you of a follow-up appointment after initial treatment of an illness, or call you at your office to discuss a treatment issue. When doing so, we are always required to use our professional judgment and comply with all applicable privacy and other laws regarding the manner and type of disclosure under the circumstances. You may request that we communicate with you using alternative means or an alternate location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Payment Your protected health information will be used, as needed, to obtain payment for your health care services. This includes certain activities we might undertake to confirm eligibility or coverage for health care benefits or services, review services provided to you for medical necessity, and undertake utilization review activities. For a hospital stay, for example, we may need to disclose relevant health information to get approval for the hospital admission. We will also use and disclose protected health information when we send bills for services to you and to third parties, often with accompanying documentation and information that identifies you, your diagnosis, procedures performed and supplies used.

Health Care Operations We may use or disclose, as needed, your protected health information to support our daily activities related to providing health care. These activities include but are not limited to performing quality assessments, oversight and staff reviews, training of medical students and other health care personnel, licensing, communicating about a product or service, and conducting or arranging for other health care related activities. We may, for instance, call you by name in the waiting room when a physician or nurse is ready to see you. We may use or disclose your protected health information to remind you of your appointment, to contact you regarding your satisfaction with our services, or to provide you with health information of interest. In the course of our business activities, we may also disclose certain protected health information to third party "business associates" of ours. To protect your health information, we require these business associates to sign a detailed written agreement in which they agree to abide by the same privacy standards we follow.

Parental Access Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians and persons acting in similar legal status. We will act consistently with Maryland law and will make disclosures in accordance with such law and applicable federal law. If there is a conflict between laws, HIPAA requires that the more stringent law apply.

Required by Law or Government We will use or disclose your protected health information if law or regulation requires the use or disclosure. We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight agencies might include government agencies or their subcontractors who oversee the health care system, government benefit and regulatory programs and civil rights laws. We may also disclose protected health information to parties who are required by the Food and Drug Administration to collect information, and to comply with workers' compensation laws and other similar legally established programs.

Public Health; Research We may disclose your protected health information to public health authorities permitted by law to collect or review the information. Such disclosure may be necessary to prevent or control disease, injury or disability; report births, deaths, child abuse or neglect, reactions to medications or problems with products; provide notice to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We may also disclose protected health information to researchers when authorized by law.

Legal Proceedings; Law Enforcement We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized) and in certain conditions, in response to a subpoena, discovery requests or other lawful process. We may disclose protected health information for law enforcement purposes, including responses to legal proceedings, circumstances relating to crime and certain medical emergencies.

Disclosures Upon Death We may disclose your protected health information to coroners and medical examiners for the performance of duties authorized by law; to funeral directors as authorized by law; and for cadaver organ, eye or tissue donations.

Individuals Involved in Your Health Care Unless you object, we may disclose to a member of your family, relative, close friend, or other person you identify to us, your protected health information that is related directly to that person's involvement with your care. We may also give protected health information to someone who helps pay for your care. We may also use or disclose such information to notify or assist a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION You may exercise the following rights by submitting a written request by mail to the Privacy Officer of the Pediatric Group and Families Too at the address listed under "CONTACT INFORMATION" below. Please be aware that we are not required to agree to, and might deny, your request. You may, however, seek a review of the denial.

Right to Inspect and Copy You may inspect and obtain a copy of your protected health information that we maintain for as long as we maintain the protected health information. This includes medical and billing records and any other records we use in making health decisions about you.

Right to Request Restrictions You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing by mail to the Privacy Officer. In your request, you must tell us (1) what information you want restricted, (2) whether you want to restrict our use, disclosure or both, (3) to whom you want the restriction to apply and (4) an expiration date. If we believe that the restriction is not in the best interest of either party, or we cannot reasonably accommodate the request, we are not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction at any time, in writing.

Right to Request Alternate Communications You may request that we communicate with you using alternative means or an alternate location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment If you believe the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to an amendment.

Right to an Accounting of Disclosures You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations. The disclosure must have been made after April 14, 2003 and no more than six years from the date of the request. This right excludes disclosures made to you or to family members or friends involved in your care. The right to receive this information is subject to additional exceptions, restrictions and limitations.

Right to Obtain Paper Copy of this Notice You may obtain a paper copy of our Notice of Privacy Practices by visiting our website at www.pediatricgroup.com and printing a copy, or by contacting the Privacy Officer at the addresses or number listed below and requesting that a copy be mailed to you, or by asking for a copy from any Front Desk Representative.

COMPLAINTS If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or the Secretary of the United States Department of Health and Human Services in Washington, D.C. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION You may contact us for further information about this Notice:

Visit our web site at www.pediatricgroup.com

Send an email to hipaahotline@pediatricgroup.com

Write to the Privacy Officer at the Pediatric Group and Families Too, 2772 Rutland Road, Davidsonville, Maryland 21035 or call the HIPAA Hotline at 410.721.2273 ext. 8735