Click HERE to Reset Form

medpeds

Patient Information

Last Name: | First Name: | MI:

Gender: ☐ Male ☐ Female | Date of Birth: | ☐ Single ☐ Married

Social Security Number: | Date Form Completed:

Address: _____Apt #_____

City: _____ State _____ Zip: _____

Employment Status:
☐ Part Time ☐ Full Time ☐ N/A

Student Status:
☐ Part Time ☐ Full Time ☐ N/A

Contacting You:

Home Phone: _____ ☐ OK to leave message?

Cell Phone: _____ ☐ OK to leave message? ☐ OK to text?

Work Phone: _____ Ext: ____ ☐ OK to leave message?

Email Address: _____

☐ OK to create web account for you? (Web account for teens ages 11-18 are handled differently than for other patients).

Best Time of Day to Contact You: ☐ Morning ☐ Afternoon ☐ Evening

Employer Name: _____

Address: _____

Pharmacy Name: _____

Pharmacy Phone: _____

Emergency Contact Name: _____

Daytime Phone: _____ Relationship:_____

Address: _____

Responsible Party/Guarantor: ***must be completed for all children***
In Maryland, both parents are legally responsible for their children unless a court order states otherwise.

Name: _____

Relationship to patient: _____ Date of Birth: _____

SSN: _____ Home Phone: _____

Work Phone: _____Ext: ___ Cell Phone: _____

Address: (if different than patient's address)

_____

_____

Additional Responsible Party:
In Maryland, both parents are legally responsible for their children unless a court order states otherwise.

Name: _____

Relationship to patient: _____ Date of Birth: _____

SSN: _____ Home Phone: _____

Work Phone: _____Ext: ___ Cell Phone: _____

Address: (if different than patient's address)

_____

_____

Primary Insurance ☐ check if self-pay

Insurance Company Name: _____
☐ Referrals required for any services?

Claims Address: _____

ID/Member/Subscriber #: _____ Group # _____

Copay $ _____ Effective Date: _____

Subscriber Name (person through which insurance was obtained)

_____Dt of Birth _____ Relation _____

Secondary Insurance ☐ check if no secondary insurance

Company Name: _____
☐ Referrals required for any services?

Claims Address: _____

ID/Member/Subscriber #: _____ Group # _____

Copay $ _____ Effective Date: _____

Subscriber Name (person through which insurance was obtained)

_____Dt of Birth _____ Relation _____

Meaningful Use
The following questions are helpful for our practice to achieve 'Meaningful Use' of our electronic healthcare records system. Your answers are entirely voluntary.

Primary language: ☐ English ☐ Indian (includes Hindi & Tamil ☐ Spanish ☐ Russian ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Not Disclosed

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian ☐ Black or African American ☐ White ☐ Hispanic ☐ Other

Acknowledgment and Consent Form v10.29.2026prnt

******Please review carefully. Do not make changes to the content of this form. ******

PLEASE READ CAREFULLY TO ENSURE YOU UNDERSTAND.

MEDICAL RECORDS - I authorize MedPeds, LLC to submit medical claims to my insurance company(ies) on my behalf, and to send medical records as required by my insurance company(ies) to process claims. I authorize my insurance company to make payment directly to MedPeds, LLC. I am aware that I may revoke this authorization at any time in writing. I understand that the information in my medical record may include information related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), information about behavioral or mental health services, and treatment for alcohol and drug abuse.

INSURANCE ELIGIBILITY - I am responsible for providing MedPeds with accurate insurance information in a timely manner. I understand and agree that if it is later determined that I am not eligible to receive benefits through the insurance company I provided on the date of service, I am personally responsible for payment in full for services rendered to myself and/or my dependant(s).

PRESCRIPTIONS, LABS, RADIOLOGY - Before picking up prescriptions, receiving labs or radiology services, or specialist care, it is my responsibility to check with my insurance company to ensure coverage and my financial responsibilty. I understand that MedPeds will not intervene on my behalf to resolve billing issues with outside providers unless the service was ordered in error.

PRIVACY - I understand that I may obtain a copy of the Notice of Privacy Guidelines from MedPeds, LLC from the front desk staff or from www.medpeds.net.

USE OF EMERGENCY ROOMS - In the event of a LIFE THREATENING EMERGENCY, I SHOULD GO IMMEDIATELY to an Emergency Room, however I acknowledge emergency rooms should not be used for routine urgent care for simple illnesses such as coughs, colds, or flu, or in lieu of regular primary care. For non-emergent care, I should call the practice at 301-498-8880 to request advice or schedule an office appointment. I understand patients who repeatedly abuse emergency rooms may be subject to discharge from the practice.

POLICIES AND PROCEDURES - I understand and agree to abide by MedPeds Policies and Procedures and that I may obtain a copy of the Policies and Procedures at the front desk. Among other things, these policies require that:

- Patients and MedPeds providers and staff deserve to be treated with mutual respect at all times.
- Co-pays and patient balances are due before services are rendered unless other arrangements have been made with the practice.
- If I am unable to pay my balance in full, it is my responsibility to contact MedPeds and enter into a mutually acceptable automated payment arrangement with the practice.
- It is my responsibility to confirm demographic and insurance information before each visit, including providing an insurance card and photo ID before each visit.
- MedPeds charges and I agree to pay the current rate for each missed appointment and for appointments cancelled with less than 4 business hours notice. No shows and late cancelations are a financial hardship for the practice and may deprive other patients access to care. I understand that the fees for missed and late cancelations may be increased without notice at the practice's discretion.

- MedPeds charges a fee to complete forms or write letters on my behalf. The fees must be paid before the forms/letters will be released. In addition, FMLA/Disability forms may require an office visit. I may avoid the fee for short forms by bringing the form to a scheduled office visit.
- If I owe a balance that becomes delinquent and is sent to collection, I understand I am responsible to pay a collection fee of 50% of the balance in addition to the initial amount owed.

PATIENT PORTAL - All patients are encouraged to have and use a use a patient portal account for NON EMERGENT questions and appointment requests. I understand the practice may take 72 hours or more to respond to portal requests. If I have more urgent questions or need an appointment more quickly, I will call the office during regular business hours at 301-498-8880.

CONSENT TO DISCUSS - If I wish to allow Medpeds to discuss my information, or that of my child, or if I wish to authorize any other person to bring my child in for treatment, I must ALSO sign a PAPER version of this consent. The paper version will allow me to list specific names, dates of birth, and relationships. If I wish to make such requests, I understand I must ask for the paper version of the consent form at the front desk.

MEDPEDS PARTICIPATES IN HEALTH INFORMATION EXCHANGE - A Health Information Exchange, or HIE, is a way of sharing health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. Information flowing through the HIE can also be made available to researchers with appropriate consent through a careful review and approval process. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you and your information will not be available for research. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Additionally, in accordance with the law, Public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled Dangerous Substances (CDS) information, as part of the Maryland Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers. Adventist Healthcare participates in three levels of health information exchange at the local – Adventist Health Information Exchange. At the state level through CRISP (Chesapeake Regional Information System for our Patients) and at the national level - Commonwell. You may decide to opt-out of sharing your data with the health information exchanges. Please speak with a representative at the front desk or registration on the opt-out processes.

A new consent form will be presented once each calendar year I may be required to sign a new consent form each time it is updated, and at least once per year. This form was last updated 10.29.2026.

Patient/Guardian Signature: _____ Date: _____

Print Name: _____ Patient DOB: _____

******Please review carefully. Do not make changes to the content of this form. ******

Printed for «FirstName» «MiddleInitial» «LastName»

Consent to Share/Discuss Medical Information

Version 05.15.2018

Please list the names of any and all persons with whom your MedPeds provider **may discuss your or your child's medical information.** If you want information to be shared with anyone, including spouses, parents, siblings, caretakers and others, those names must be listed here. You may revoke this consent in writing at any time. By law, both parents are entitled to medical information about a child, unless a court order is also provided to the office specifically excluding one or both parents from having this right.

PLEASE PRINT INFO BELOW:

First Name Last Name Relationship Date of Birth _____

_____

_____

_____

_____

Consent for Others to Present My Child For Treatment and/or Vaccines: My signature below indicates my consent for the persons listed to bring my child to MedPeds to receive any medical care determined by the provider to be necessary for the welfare of my child while my child is under the care of the named persons and/or if I am not reasonably available by telephone to give consent. I understand I may revoke this consent in writing at any time.

First Name Last Name Relationship Date of Birth _____

_____

_____

_____

_____

(Parents may NOT sign for their children over age 18)

Patient/Guardian Signature: _____ Date: _____

Print PATIENT'S Name: _____ Patient DOB: _____

Important Information for Our New Patients

Welcome to MedPeds! We are proud to serve you and are delighted that you have elected to trust us with your medical care. The following information is provided to make sure that you have continuity of care and the best experience possible.

Since 2009, MedPeds has been recognized by NCQA as a level 3 Patient Centered Medical Home (PCMH). In short, this means that we may do things differently than other primary care offices you may have visited in the past.

A medical home's responsibilities include reaching out to you when you are not in the office, and taking advantage of office visits to make sure you are caught up on recommended tests and vaccines, among other things. In order to better treat you as a person, we may ask you questions about your safety, substance use, and to determine if you are depressed. We also make access to medical advice available 24 hours a day. When our phones are open, we have triage nurses available to answer your questions. When the phones are closed, follow the prompts to reach our on-call provider (before 11pm) or our after-hours nurse line (11pm-7am). As a PCMH we reserve time in each provider's schedule to accommodate last-minute urgent care needs.

As part of our PCMH practice, we ask you to do the following:

- Select one primary care provider and schedule most of your appointments with that provider for non-urgent visits. Doing so ensures your PCP understands you and your medical conditions. You may change your PCP, however hopping from one provider to another is discouraged. Urgent appointments may be scheduled with any provider. We monitor the percentage of your appointments with your PCP.
- Team-Based Approach – each provider is "teamed" with a certified Medical Assistant (MA) or Licensed Practical Nurse (LPN). The provider/assistant team works together to ensure you get the best care and receive communication from our office regarding your health.

- Make sure you keep your contact information up-to-date. If your information is incorrect, you may correct at while checking in at the kiosk, online via your patient portal account, or by speaking to one of our representatives.
- Sign up and use our web-based, secure patient portal account for non-urgent issues. You may use this account to view your medical record including visit summaries, lab and x-ray results, allergies and current medications. These records may be printed by you and shared with your other providers.

  You may also request appointments, referrals, lab tests, and ask questions of your provider. Our providers may also send you messages via the portal. It may take up to 48 hours to respond to portal requests.
- Always call the office at 301-498-8880 for urgent requests/needs. Once your account is established, you may also download our 'healow' app to access your account via your smart device.
- Beginning age 11, web portal access will be at the discretion and under the control of the child. This is in compliance with privacy laws. Keep in mind that your pre-teen/teenage children must be able to trust the confidentiality of questions and concerns. We believe this trust ultimately keeps your child safer. Concerns that are life-threatening, or indicate your child may have been abused, will be shared with the parent(s).
- Check in for your appointments using convenient waiting room kiosks. If you are not called to the desk within 10 minutes, please let us know. If you prefer to check in with a receptionist rather than use the kiosk, let the receptionist know when you have arrived.
- Expect to receive reminders and routine health-related messages from our office via text message or automated "robo-calls". For example, we will reach out to you when you are due for an appointment or test. If you receive a reminder for a test you have already done, or have decided not to do, please let us know so we do not continue to send the same message to you. Please do not ignore these messages.

OFFICE POLICIES

- **Respect** - Patients, providers, and staff are expected to treat each other with respect.

- **Proof of Identity –** Patients must provide proof of identity. To ensure against health insurance fraud, appointments may be rescheduled if identity cannot be confirmed.

- **After-Hours Calls to On-Call Physicians** - **Always call 911** if there is a life-threatening emergency. For urgent (but not life-threatening) situations, call our office and follow the prompts to reach the on-call physician.

- **Prescriptions** – Prescription refills are provided through the date of your next required follow-up for the related condition. An appointment is required if your follow-up date has passed.

- **Forms and Letters** – We charge a small fee for most forms and letters, but the fee is waived if you bring the form(s) to your appointment. We do not charge for forms required for treatment, nor do we charge Medicaid recipients. Fees must be paid before forms and letters are released.

- **Specialist Referrals** – We require 3-5 days to complete specialist referrals. Referrals can be either picked up at the front desk or faxed directly to the specialist. We do not mail referrals.

- **Secure Online Patient Portal** – Gives patients email access with our office and access to medical records. Please complete an "Instant Health History" before every visit. In compliance with HIPAA laws, passwords are issued only when you are present in our office. Accounts for adolescents (ages 11-18) are handled differently than accounts for other patients.

- **Medical Records Requests** – A signed authorization and nominal fee must be received before medical records are released. Records are released on paper, fax, CD or patient-supplied thumb drive. Please allow 30 days.

- **Scheduling** – Appointments are required for all visits, including urgent care. Urgent care slots are released each weekday beginning at 8:00 am. Saturdays at 7:45 am. Limit 2 family appointments per day.

- **Inclement Weather** – Generally, when PG County schools are closed, MedPeds opens late at 9:00 am at the earliest. Please chec our website, phone line, Facebook or Twitter for weather-related closing information.

- **Late Arrival** – Appointments may be rescheduled to avoid delaying the care of other patients.

- **Cancellations and No-Shows** – We charge $25 for "no-shows" or cancellations made with less than 4 hours notice.

- **Valid Insurance and PCP Policy** – Insurance ID's are required before each appointment. If a PCP selection is required, your card must list a MedPeds provider. If eligibility and/or PCP cannot be confirmed before your appointment, you will be given the choice to self-pay or reschedule.

- **Co-pays and Balances** – Co-pays, deductibles, and patient due balances are due before you are seen. We accept cash, Visa, MasterCard, money orders, and personal checks (approved by Telecheck). Ask our staff if you need a nearby ATM.

- **Patient Statements** – We bill you according to your insurance company's instructions. Please contact your insurance company regarding any disputes. After 90 days, unpaid secondary claims become patient responsibility.

- **Payment Plans** – Please speak with the billing manager if you need to establish a payment plan. Payments must be received as agreed or the payment plan will end, and payment in full required.

- **Self-Pay Policy** – A "deposit" must be paid prior to each appointment. If you pay any remaining amount due before you leave the office we will discount 30% of the office visit portion only. Discounts are not applied to other charges.

- **Collection Policy** – We charge 50% of the balance to cover collection fees.

- **Discharge Policy** – We don't like to do it, but occasionally it is necessary to discharge a patient from the practice. We mail a notice to patients 30 days in advance of any discharge from the practice.

MedPeds, LLC
NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice please contact our Privacy Officer, Seth Eaton

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency

that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (*e.g.*, a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. Information flowing through the HIE can also be made available to researchers with appropriate consent through a careful review and approval process. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you and your information will not be available for research. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Additionally, in accordance with the law, Public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled Dangerous Substances (CDS) information, as part of the Maryland Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers. Adventist Healthcare participates in three levels of health information exchange at the local – Adventist Health Information Exchange. At the state level through CRISP (Chesapeake Regional Information System for our Patients) and at the national level - Commonwell. You may decide to opt-out of sharing your data with the health information exchanges. Please speak with a representative at the front desk or registration for instructions on the opt-out processes.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These

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activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use

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or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that 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 to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family

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members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by sending your written and signed request to our privacy officer: Seth Eaton, Privacy Officer at MedPeds, LLC, 7350 Van Dusen Road, Suite 110, Laurel, Maryland 20707.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by

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notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, **Seth Eaton** at 301-498-8880 **or practice_manager@medpeds.net** for further information about the complaint process.

This notice was published and becomes effective on **11/14/2022.**

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