

NOTICE OF PRIVACY PRACTICES

BOULEVARD CENTER PEDIATRICS
4201 Dale Blvd. Woodbridge, VA 22193
(703) 670-0300

Privacy Officer: Anita Gohel (703) 670-0300

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

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

Our Legal Duty

This Notice of Privacy Practices describes how we may use or disclose your protected health information (PHI) to carry out treatment, payment or health care operation and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about patient, 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. Effective January 1st, 2013, all new and continuing patients are required to provide this office with an updated "Registration and Consent form" and an acknowledgement that they have reviewed a copy of this privacy notice. Such acknowledgement indicates that a copy of this notice was made available for your review and that you understand that your protected health information may be released for treatment, payment or other health-care operations. Please know that our office has in place a "minimum necessary information" policy which means we will release only the minimum information necessary to respond to a particular request. In the case of minor children, the notice and acknowledgement requirement is fulfilled when the notice is provided to the child's personal representative and an acknowledgement is received from the same (in most cases, the child's parent or guardian). 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 are encouraged to call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

How This Medical Practice May Use or Disclose Your Health Information

Your PHI may be used and disclosed by your physician, our office staff and other outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. Following are the examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make under Public Law 104-191. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and "Health Information Technology for Economic and Clinical Health (HITECH) Act," enacted as part of the "American Recovery and Reinvestment Act of 2009" (ARRA). These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

This medical practice collects health information about you and stores it in an electronic health record hosted by eClinicalWorks through a contract with Children's National Medical Center which is a third party server. This is your or your child's medical record. The medical record is the property of this medical practice, but the information in the

medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.]
4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.]
5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid.

Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational

injury or occupational illness to the employer or workers' compensation insurer.

20. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: Only use e-mail notification if you are certain it will not contain PHI and it will not disclose inappropriate information. For example if your e-mail address is "digestivediseaseassociates.com" an e-mail sent with this address could, if intercepted, identify the patient and their condition.]
22. **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you may access our Patient Portal which has this information if you are an active patient at this practice. To obtain a paper copy, you must fill out a Records Release Form from our office detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. **Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide

you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. **Right to a Paper or Electronic Copy of this Notice.** You have a right to obtain a copy of this notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices. An electronic copy is available on our website at www.boulevardcenterpediatrics.com and via our Patient Portal.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: the Department of Health & Human Services: OCRMail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.

CIQN Network

We are affiliated with Children's National Medical Center and have elected to become a part of the Children's IQ Network. The following exhibits explain how you and your child's protected health information (PHI) is used in our electronic medical records system, eClinicalWorks, and our agreement with CNMC.

Exhibit A

The Children's IQ Network® serves the children of the metropolitan Washington area through the electronic exchange of critical healthcare information. The Children's IQ Network® interconnects the Children's National Medical Center hospital, emergency department, community health centers, independent health care practitioners, regional immunization registries and commercial laboratories. Health data pertaining to you or your child are shared between important health care providers within the Children's IQ Network® to ensure that accurate and complete information is available for quality health care decisions. Pediatric care providers will be able to easily find important health information including

your visit histories, allergies, medications, health problem summaries, physician notes, vaccine information and x-ray results from the Children's IQ Network®. Having this information readily available will make your care safer, more efficient and less costly. Pediatric providers in the Children's IQ Network® will be providing care for you through the use of a computerized electronic medical record (EMR). Whenever and wherever you visit your doctor, the EMR will be used to enter information about your health conditions, allergies, test results, treatments, etc. Once the information is entered into the EMR, it will flow into a secure, confidential and private regional health record known as the Continuity of Care record. From that point on, every time you see another care provider within the Children's IQ Network®, your health care information will be available to ensure ideal care delivery.

Through participation in the Children's IQ Network®, you can be assured that important information will be available to your pediatric care provider when it is most needed. Here are some examples where this could prove to be very important:

You are visiting a new physician but cannot remember details regarding a recent hospitalization or home medications. The physician can easily access your record to determine this information and avoid unnecessary test ordering or duplicate medication prescriptions while at the same time benefiting from previous diagnoses and test result information.

You are taken to an Emergency Room. Your injuries or condition may be such that you cannot communicate with the doctors and nurses taking care of you. The Children's IQ Network®, contains important medical information that can be quickly retrieved to find out what medications you are on, what you are allergic to, important contact information and other essential information.

Your physician is going to see you today for follow-up after your recent hospitalization. The doctor has no information on your hospital visit and wants to find out more. The doctor can go to the Children's IQ Network® and obtain good information to help him quickly understand what needs to be done when you are seen.

Your health care information in the Children's IQ Network® is protected in a highly secure data center with state-of-the-art monitoring and 24 hour each day security. The data is encrypted (encoded) and can be accessed only by health care providers who are caring for you and have a need to know.

Your health information will automatically be included in the Children's IQ Network® however you do have the option to opt out (not share) your information. If you choose to opt out, only your primary care provider will be able to see your health information. Your health care information will not be shared with other care providers in the Children's IQ Network®.

For additional information regarding the Children's IQ Network®, please ask our front desk.

Exhibit B

The following is an addendum to our CHILDREN'S IQ NETWORK® SOFTWARE ACCESS AND DATA SHARING AGREEMENT that is required to be contained in our Notice of Privacy Practices. Covered Entity contributes certain protected health information maintained within its electronic health record ("EHR") to "Community Care Record" ("CCD") maintained by Children's National Medical Center ("Hospital"). Through the CCD, Covered Entity's protected health information is combined with that of other Covered Entities that participate in the CCD (each, a "Participating Covered Entity" and collectively, the "Participating Covered Entities"), to form a single, longitudinal health record of services provided by the Participating Covered Entities to any particular patient. Hospital, also a Covered Entity and a Participating Covered Entity, has access to the CCD and contributes PHI to the CCD with respect to inpatient and outpatient services provided at Hospital to patients. Through the CCD, the Participating Covered Entities have formed an organized system of health care in which the Participating Covered Entities participate in joint utilization review, research and/or quality assurance and improvement activities, and as such qualify to participate in an Organized Health Care Arrangement ("OHCA"). As OHCA participants, all Participating Covered Entities may use and disclose the PHI contained within the CCD for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.