

Notice of Privacy Practices

Effective January 4, 2027. This notice tells you how health information about your child may be used and shared, and how you can get access to it.

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.

WHO THIS NOTICE COVERS

Maidlow Pediatrics PLLC, doing business as Belleville Lake Pediatrics, operating as Belleville Lake Pediatrics, at 11650 Belleville Rd, Suite 108, Belleville, MI 48111. Throughout this notice, "the practice" means that entity and everyone who works in it.

The practice is required by law to protect the privacy of your child's health information, to give you this notice describing its legal duties and privacy practices, and to follow the terms of the notice currently in effect.

HOW YOUR CHILD'S INFORMATION IS USED WITHOUT ASKING YOU FIRST

Federal law permits three broad uses without a separate authorization.

- **Treatment.** Dr. Maidlow uses the record to care for your child, and shares it with others who are also caring for your child. For example, sending a growth chart and visit history to a pediatric endocrinologist she is referring your child to, or sending a prescription to your pharmacy.
- **Payment.** The practice uses and shares information to get paid. For example, sending your insurer the diagnosis and the services provided so a claim can be processed, or confirming eligibility before a visit.
- **Health care operations.** The practice uses information to run itself well. For example, reviewing charts to check the quality of care, training, or working with an accountant or an attorney.

OTHER SITUATIONS WHERE THE LAW PERMITS OR REQUIRES DISCLOSURE

- Appointment reminders, and telling you about treatment alternatives or health services that may interest you.
- People involved in your child's care. Information relevant to the situation may be shared with a family member or friend who is helping with your child's care, only with your direct consent.
- As required by law. Including Michigan's child abuse and neglect reporting law, which requires a physician to report suspected abuse or neglect.
- Public health. Reporting communicable diseases, submitting immunizations to the Michigan Care Improvement Registry, reporting a reaction to a medication or a product problem, and preventing or controlling disease.
- Health oversight, including audits, investigations, inspections and licensure.
- Lawsuits and disputes, in response to a court order, subpoena or other lawful process.
- Law enforcement, in the limited circumstances the regulation allows.
- Serious threat to health or safety, to prevent a serious and imminent threat to your child or to someone else.
- Coroners, medical examiners and funeral directors, workers' compensation, military and veterans' activities, national security, and inmates of a correctional institution, each in the limited circumstances the law allows.
- Research, only where an institutional review board has approved a protocol with privacy protections, or where the information has been de-identified.

USES THAT ALWAYS REQUIRE YOUR WRITTEN AUTHORIZATION

- Most uses and disclosures of psychotherapy notes.
- Use or disclosure for marketing purposes.
- Any sale of your child's health information.
- Anything else not described in this notice.

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If you give an authorization, you may revoke it at any time. Revoking it stops future use and disclosure but does not undo anything already done in reliance on it.

SPECIAL RULES FOR ADOLESCENTS

Michigan law allows a minor to consent to certain care on their own: testing and treatment for sexually transmitted infection and HIV, substance use treatment, pregnancy-related care, and, at age 14 and older, a limited course of outpatient mental health counseling. Where a minor lawfully consents to their own care, the minor controls the resulting record and it is not released to a parent without the minor's authorization.

YOUR RIGHTS

These rights belong to the patient, exercised by a parent or legal guardian while the patient is a minor, except for the records a minor controls under the paragraph above.

- To inspect and get a copy of your child's record, usually within 30 days. You may ask for it electronically. A denial may be reviewed in some cases.
- To ask for a correction if you believe something in the record is wrong or incomplete. The practice may deny the request and must tell you why in writing, and you may file a statement of disagreement that becomes part of the record.
- To get a list of certain disclosures made in the six years before your request, not counting disclosures for treatment, payment or operations.
- To ask for restrictions on how information is used or shared. The practice does not have to agree, with one exception: if you pay in full, out of pocket, for a specific service, you may require that it not be disclosed to your health plan, and the practice must comply.
- To ask to be contacted a particular way or at a particular address. Reasonable requests are accommodated without asking why.
- To get a paper copy of this notice at any time, even if you agreed to receive it electronically.
- To be notified promptly if a breach occurs that compromises the privacy or security of your child's information.

THE PRACTICE'S DUTIES

- To maintain the privacy of your child's health information, as the law requires.
- To give you this notice of its legal duties and privacy practices.
- To follow the terms of the notice currently in effect.
- To notify you following a breach of unsecured health information.

The practice reserves the right to change this notice and to make the new terms apply to information it already holds as well as information it receives in the future. A revised notice will be posted in the office and on bellevillelakepediatrics.com.

HOW TO RAISE A CONCERN OR COMPLAIN

Please start with the practice. Ask for the Privacy Officer at (734) 488-8971, or write to Privacy Officer, Belleville Lake Pediatrics, 11650 Belleville Rd, Suite 108, Belleville, MI 48111. A complaint must be made in writing and you will get a response.

You may also complain to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington DC 20201, or at hhs.gov/ocr/privacy/hipaa/complaints.

No retaliation. You will never be retaliated against, and your child's care will never be affected, because you filed a complaint.

WHO TO CONTACT

Privacy Officer, Belleville Lake Pediatrics. Telephone (734) 488-8971. Email info@bellevillelakepediatrics.com. Effective date of this notice: January 4, 2027.

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ACKNOWLEDGMENT OF RECEIPT

please sign and return this page only

The law requires the practice to make a good-faith effort to get a written acknowledgment that you received this notice. Signing acknowledges receipt. It is not consent to anything, and it does not waive any right described above.

CHILD'S FULL NAME

DATE OF BIRTH

HOW YOU RECEIVED THE NOTICE

☐ I received a paper copy☐ I read it online or received it electronically

PARENT OR LEGAL GUARDIAN, PRINTED NAME

RELATIONSHIP TO PATIENT

DATE

Signature

sign here if you are printing this form

If the acknowledgment could not be obtained, staff should record what was attempted and why it was not obtained, as the regulation requires.

OFFICE USE ONLY

Acknowledgment obtained by

Date

If not obtained, reason