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www.PediatricsNBC.com

Patient Portal Policy & Procedures

Online communications should never be used for emergency communications or urgent requests. If you have an emergency or an urgent request, you should contact your physician via telephone or call 911 immediately.

Purpose of this Form:

Pediatrics & Newborn Care, LLC offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works:

A secure web portal is a type of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

Protecting Your Private Health Information (PHI) and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors:

- 1) the secure message must reach the correct email address, and
- 2) only the correct individual (or someone authorized by that individual) must be able to have access to the message.

Only you can make sure these two factors are present. **It is imperative that our practice has your correct e-mail address and that you inform us of any changes to your e-mail address.** You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us.

You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it. Also, it is important to remember that all communication should be through the Portal, not your personal email, or they will not be secure.

It is our intent to offer the Patient Portal as a free service to our patients. We will provide adequate notice of any changes. We understand the importance of privacy in regards to your healthcare and PHI and will continue to strive to make all information as confidential as possible. We will keep email lists secure and never purposefully share or release this information without your permission.

You agree not to hold Pediatrics & Newborn Care, LLC or any of its staff for network infractions beyond its control.



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Conditions of Participating in the Patient Portal:

Access to this secure Patient Portal is an optional service, and we reserve the right to suspend user access, modify services, or terminate it at any time. If we do suspend this service, we will notify you.

We need you to fully understand and the stated conditions, and by signing the Consent Form, you agree to comply with them. If you do not understand, or do not agree to comply with our policies and procedures, please contact us to revoke your use of the Patient Portal.

The Patient Portal is intended to provide the following services:

- Secure messaging to PNBC staff (please include name and phone number)
- Appointment requests
- Refill requests (please make sure we have correct pharmacy information)
- Communication of lab results
- Review medical summary, visit history, medication list
- Update demographic information
- Review current and past statements

The Patient Portal is NOT intended to provide internet-based diagnostic medical services. Additionally, the following limitations apply:

- No Portal based triage and treatment requests. Diagnosis can only be made and treatment rendered after the patient schedules and visits the provider.
- No emergent communications or services. In an emergency, it is always recommended to dial 911. If you or a dependant is SICK, please call our office to schedule an appointment.
- No requests for narcotic pain medication or stimulants will be accepted
- No messaging of sensitive subject matter (HIV, mental health, etc.) is permitted. Please call our office regarding such matters.

All communications via Patient Portal become part of you permanent patient record

Response Time:

Once a PNBC staff member enables your account, you will receive a “welcome email” wiith details and log in information. Please log in to your Portal account within 48 hours of receiving the message. Again, note that you should never reply to the messages received in your personal email inbox. Instead, log in to you Portal to review and send messages to ensure privacy and security.

Our hours of operation are 9am-5pm Monday through Friday. We encourage you to use the Portal at any time; however messages sent late in the day or evening are held for us until we return the next business day. Messages and requests are typically handled within 1-2 business days.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in the log in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.



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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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.



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Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. We never market or sell personal information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.



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 benefitting 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 contact your health care provider.



Request to Not Share My Health Information within the Children's IQ Network®

I hereby request to **not** have my health care information shared with other health care providers within the **Children's IQ Network®**.

- I understand that all of my health care information collected by my health care provider will continue to be submitted to the **Children's IQ Network®** however, it will no longer be able to be seen by or shared with other health care providers within the **Children's IQ Network®**.
- I understand that my health care information will continue to be available to my primary health care provider as this information makes up my personal medical record.
- I further understand that I will be permitted to change my decision and allow sharing with other health care providers at any time in the future.

Patient or Guardian Signature: _____

Patient Name (Print): _____

Relationship of Guardian to Patient: _____

Date: _____ **Patient Birth Date:** _____

Individual Receiving this Form: _____