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## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you/your child may be used and disclosed and how you can access this information. Please review it carefully.

### **WHO WILL FOLLOW THIS NOTICE:**

I am committed to honoring the confidentiality of your/your child's information. This notice describes privacy practices followed by me or any staff I may employ in the future. The "designated privacy officer" is Amanda Sun, M.D.

### **YOUR/YOUR CHILD'S HEALTH INFORMATION:**

This notice applies to the information and records I have about your/your child's health, health status, and the healthcare services you receive by myself.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU/YOUR CHILD FOR THE FOLLOWING PURPOSES:**

1. **Treatment:** I use health information about you/your child to provide medical treatment or services. I may share information about you/your child and disclose information to people who do not work in my office in order to coordinate your/your child's care, such as but not limited to phoning or faxing prescriptions to your/your child's pharmacy, scheduling or ordering lab work, and speaking with other health care providers whom provided care for you/your child in the past or will provide care in the future. Family members and other healthcare providers outside of this office may be part of your/your child's medical care and may require information about you/your child that I have.

2. **Payment:** I may use and disclose health information about you/your child to facilitate payment for services. For example, I may need to give your/your child's health plan/insurance company information about services you/your child receive here so that they will reimburse you for services provided. I may also tell your/your child's health plan about a treatment you/your child will receive in order to obtain prior approval.

3. **Healthcare Operations:** If I hire additional staff, I may use and disclose health information about you/your child to run the office and make sure you/your child receive quality care, for example, to help with scheduling or billing.

4. **Appointment Reminders:** I may contact you and leave a message on your phone as a reminder that you have a scheduled appointment at the office.

5. **Treatment Alternatives:** I may tell you/your child about or recommend possible treatment options or alternatives that may be of interest to you.

6. **Health-Related Products and Services:** I may tell you/your child about health-related products or services that may be of interest to you.



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You may revoke your consent at any time by giving me written notice. Your revocation will be effective when I receive it, but it will not apply to any uses and disclosures that occurred before that time. If you revoke your consent, I will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and I may therefore choose to discontinue providing you with healthcare treatment.

#### SPECIAL SITUATIONS:

I may also use or disclose health information about you/your child **without your permission** for the following purposes, subject to all applicable legal requirements and limitations:

1. **Prevention of a Serious Threat to Health or Safety:** I may use and disclose health information about you/your child when necessary to prevent a serious threat to your/your child's health and safety or the health and safety of another person or the general public.
2. **Required by Law:** I will disclose health information about you/your child when required to do so by federal, state, or local law.
3. **Military, Veterans, National Security and Intelligence:** If you/your child are or were a member of the armed forces, or part of the national security or intelligence communities, I may be required by military command or other government authorities to release health information about you/your child. I may also release information about foreign military personnel to the appropriate foreign military authority.
4. **Worker's Compensation:** I may release health information about you for workers' compensation or similar programs, but I would request your consent first.
5. **Public Health Risks:** I may disclose health information about you/your child for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products. I must report to the appropriate authorities any unreported and/or suspected child abuse or elderly abuse that is occurring or has occurred at any time, in any location.
6. **Health Oversight Activities:** I may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.
7. **Lawsuits and Disputes:** If you/your child are involved in a lawsuit or dispute, I may disclose healthcare information about you in response to a court or administrative order. Subject to all applicable legal requirements, I may also disclose health information about you/your child in response to a subpoena.



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8. Law Enforcement: I may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

9. Correctional institutions: I may use or disclose health information to a correctional institution as required by law if you/your child are in prison or under the custody of law enforcement officials.

10. Coroners, Medical Examiners and Funeral Directors: I may release health information to a coroner or medical examiner, for example, if necessary to identify a deceased person or determine the cause of death.

11. Information Not Personally Identifiable: I may use or disclose health information about you/your child in a way that does not personally identify you or reveal who you are.

12. Family and Friends: I may disclose health information about you/your child to family members or friends if I obtain your written or verbal agreement to do so. I may also disclose health information to your family or friends if I can infer from the circumstances, based on my professional judgment, that you/your child would not object, for example if you bring them into the office with you during treatment or when treatment is discussed. Please notify me of any specific issues that you do not want discussed in front of another person in such a situation. In situations where you are not capable of giving consent (because you are not present or due to incapacity or medical/psychiatric emergency), I may, using my professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, I will disclose only health information relevant to that person's involvement in your care. I may also use my judgment to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, prescriptions or medical records.

#### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:

I will not use or disclose your/your child's health information for any purpose other than identified in the previous sections without your/your child's specific, written authorization. I must obtain this authorization separate from any consent I may have obtained from you. If you give me authorization to use or disclose health information about you/your child, you may revoke that authorization, in writing, at any time. If you revoke your authorization, I will no longer use or disclose information about you/your child for reasons covered by that written authorization, but I cannot take back any uses or disclosures already made with your permission.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU/YOUR CHILD:

You have the following rights regarding health information I maintain about you/your child:

1. Right to Inspect and Copy: You have the right to inspect and copy your/your child's health information, such as medical and billing records, that I use to make decisions about your/your child's care. You must submit a written request to me in order to inspect and/or copy your/your child's health information. I may deny the request to inspect or copy in certain limited circumstances. If you are denied access to your/your child's health information, you may ask that



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the denial be reviewed by a licensed psychiatrist. If such a review is required by law, I will comply with the outcome of the review.

2. Right to Amend: If you believe health information I have about you/your child is incorrect or incomplete, you may ask me to amend the information. You have the right to request an amendment as long as I keep the information. To request an amendment, you must submit a request in writing. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. I cannot change what is already in the record but may add the supplemental information as an addendum.

3. Right to an Accounting of Disclosures: You may request a list of the disclosures I made of medical information about you/your child for purposes other than treatment, payment, and healthcare operations. To obtain this list, please submit your request to me in writing. It must state a time period that may not surpass five years prior to your request. Your request should state that you want the list in writing.

4. Right to Request Restrictions: You may request a restriction or limit on the health information I use or disclose about you/your child for treatment, payment, or healthcare operations. You also may request a specific limit on the health information I disclose about you/your child to someone who is involved in your care or the payment for it. I will attempt to honor reasonable requests; however, I am not required to grant or agree to your request, for example, if I think it will cause danger or harm to that person. If you have paid for services "out-of-pocket" and in full, and you request that I not disclose protected health information related solely to those services to a health plan, I will accommodate your request, unless I am required by law to make a disclosure. To request restrictions, please submit a written request to me.

5. Right to Request Confidential Communications: You may request that I communicate with you about medical matters in a certain way, for example, only at a certain phone number. To request confidential communications, please submit a written request to me. I will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted.

6. Right to a Paper Copy of this Notice: You may ask me for a copy of this notice at any time.

#### OUR RESPONSIBILITIES:

I am required by law to maintain the privacy of protected health information, to provide individuals with this notice of my legal duties and privacy practices, and to notify affected individuals in the event of a breach of unsecured protected health information.

This notice is effective as of 09/01/2020 and I am required to abide by the terms of this notice currently in effect.

#### CHANGES TO THIS NOTICE:

I reserve the right to change this notice and to make the revised or changed notice effective for medical information I already have about you/your child as well as any information I receive in the future. You may request a copy of the current notice by contacting me or from my website: [www.amandasunmd.com](http://www.amandasunmd.com).