HIRSCH PEDIATRICS, LLC

HIPAA, PATIENT PRIVACY, AND CONFIDENTIALITY POLICY

Practice: Hirsch Pediatrics, LLC
Location: Rockville, Maryland
Privacy Officer: Steven F. Hirsch, MD
Effective Date: April 29, 2007
Last Reviewed/Updated: August 1, 2026

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1. PURPOSE

Hirsch Pediatrics, LLC ("Hirsch Pediatrics" or the "Practice") is committed to protecting the privacy, confidentiality, security, and integrity of the health information entrusted to us by our patients and their families.

This Policy establishes the Practice's requirements for the collection, use, access, disclosure, storage, transmission, and protection of protected health information ("PHI") and other confidential health information.

Hirsch Pediatrics will comply with all applicable federal and Maryland laws and regulations governing patient privacy and confidentiality, including, as applicable:

- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA");
- The HIPAA Privacy, Security, Breach Notification, and Enforcement Rules;
- The Health Information Technology for Economic and Clinical Health Act ("HITECH");
- 45 C.F.R. Parts 160 and 164;
- The federal Confidentiality of Substance Use Disorder Patient Records regulations, 42 C.F.R. Part 2;
- Maryland's Confidentiality of Medical Records Act, Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland;
- Maryland laws governing access to and disclosure of medical records;
- Maryland laws concerning minors and the confidentiality of health care for which a minor may consent;
- Maryland laws concerning HIV/AIDS and other specially protected information;
- Maryland laws concerning mental and behavioral health information;
- Maryland laws concerning reproductive health care and other legally protected health information;
- Maryland laws and regulations governing Health Information Exchanges ("HIEs"), including COMAR 10.25.18; and

- Other applicable federal and Maryland privacy, confidentiality, security, and data-protection requirements.

Where federal and Maryland law differ, Hirsch Pediatrics will follow the law that provides the greater protection to patient privacy to the extent required by applicable law. No employee or workforce member may disclose PHI merely because disclosure is permitted by HIPAA if a more restrictive federal or Maryland law prohibits or restricts the disclosure.

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2. PRIVACY OFFICER

The Privacy Officer for Hirsch Pediatrics, LLC is:

Steven F. Hirsch, MD
Privacy Officer
Hirsch Pediatrics, LLC
Rockville, Maryland

The Privacy Officer is responsible for:

1. Overseeing the Practice's HIPAA and patient privacy compliance program;
2. Developing and maintaining privacy policies and procedures;
3. Receiving and investigating privacy complaints;
4. Coordinating responses to patient requests concerning privacy rights;
5. Reviewing suspected privacy violations and unauthorized disclosures;
6. Coordinating breach risk assessments and required notifications;
7. Providing privacy training to workforce members;
8. Coordinating with the Practice's Security Officer, information technology personnel, legal counsel, and outside compliance professionals as appropriate;
9. Reviewing business associate and other data-sharing arrangements;
10. Monitoring applicable federal and Maryland privacy requirements; and
11. Updating this Policy as laws, regulations, technology, or Practice operations change.

Patients and families may contact the Privacy Officer with privacy questions, concerns, or complaints without fear of retaliation.

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3. SCOPE

This Policy applies to all members of the Hirsch Pediatrics workforce, including:

- Physicians;
- Nurse practitioners and physician assistants;
- Nurses and clinical staff;
- Medical assistants;
- Administrative and front-desk personnel;
- Billing and coding personnel;
- Management;
- Students and trainees;
- Volunteers;
- Temporary workers;
- Contractors and agents; and
- Other persons whose work for Hirsch Pediatrics involves access to PHI.

All workforce members are required to access, use, and disclose PHI only as authorized by law and Practice policy.

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4. DEFINITIONS

4.1 Protected Health Information (PHI)

PHI means individually identifiable health information maintained or transmitted by or on behalf of the Practice in any form or medium, to the extent protected by HIPAA.

PHI includes information in:

- Electronic medical records;
- Paper medical records;
- Billing records;
- Laboratory and diagnostic records;
- Prescription records;
- Immunization records;
- Telephone messages;
- Patient portal communications;
- Emails;
- Text messages when maintained or transmitted through approved systems;
- Photographs and images;
- Audio or video recordings;
- Referral records;
- Health Information Exchange data; and

- Other records containing individually identifiable health information.

4.2 Minimum Necessary

When the minimum-necessary standard applies, workforce members shall limit access, use, and disclosure of PHI to the minimum amount reasonably necessary to accomplish the intended purpose.

The minimum-necessary standard does not apply to disclosures for treatment between health care providers when otherwise permitted by HIPAA, disclosures to the patient, disclosures made pursuant to a valid authorization, disclosures required by law, and other exceptions established by HIPAA.

4.3 Sensitive Health Information

For purposes of this Policy, sensitive health information includes PHI that receives additional protection under federal or Maryland law, including, as applicable:

- Information protected by 42 C.F.R. Part 2;
- Legally protected health information;
- Certain reproductive health care information;
- Abortion care information;
- HIV/AIDS-related information;
- Certain mental and behavioral health information;
- Information concerning services for which a minor may legally consent;
- Genetic information and other specially protected information; and
- Other information subject to heightened confidentiality requirements.

Maryland regulations recognize Part 2 information and legally protected health information as categories of "sensitive health information" in the HIE context.

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5. GENERAL CONFIDENTIALITY REQUIREMENT

Hirsch Pediatrics shall maintain the confidentiality of patient medical records and PHI.

Maryland law requires a health care provider to keep a patient's medical record confidential and to disclose the record only as authorized by Maryland law or otherwise permitted or required by law.

No workforce member may access, use, or disclose PHI unless:

1. The access, use, or disclosure is permitted or required by law;

2. The access, use, or disclosure is authorized under this Policy and applicable Practice procedures; and
3. The workforce member has a legitimate need to know the information.

Curiosity, personal interest, friendship, family relationship, employment at the Practice, or access to the electronic medical record system does not constitute authorization to access PHI.

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6. USES AND DISCLOSURES PERMITTED WITHOUT PATIENT AUTHORIZATION

Hirsch Pediatrics may use or disclose PHI without a patient's written authorization when permitted or required by HIPAA and applicable Maryland law.

Permitted uses and disclosures may include:

6.1 Treatment

PHI may be used and disclosed to provide, coordinate, or manage patient care.

Examples include:

- Consultation with another treating physician;
- Referral to a specialist;
- Communication with hospitals or other health care providers;
- Obtaining laboratory or diagnostic services;
- Coordinating prescriptions and medications; and
- Care coordination.

6.2 Payment

PHI may be used or disclosed as necessary to obtain payment for health care services, including:

- Insurance claims;
- Eligibility verification;
- Prior authorization;
- Medical necessity review;
- Billing;
- Collection activities; and
- Health plan audits.

6.3 Health Care Operations

PHI may be used or disclosed for permitted health care operations, including:

- Quality improvement;
- Patient safety activities;
- Credentialing;
- Compliance;
- Auditing;
- Case management;
- Business planning;
- Fraud and abuse detection;
- Training; and
- Other activities permitted by HIPAA.

6.4 Public Health

PHI may be disclosed when permitted or required by law for public health purposes, including applicable reporting of:

- Communicable diseases;
- Immunization information;
- Certain injuries;
- Public health surveillance;
- Public health investigations; and
- Other conditions required to be reported under Maryland or federal law.

6.5 Required by Law

PHI may be disclosed when required by federal, Maryland, or other applicable law.

6.6 Abuse, Neglect, or Exploitation

PHI may be disclosed to appropriate authorities when required or permitted by law concerning suspected child abuse, neglect, or other legally reportable maltreatment.

6.7 Judicial and Administrative Proceedings

PHI may be disclosed in response to a valid court order, subpoena, discovery request, or other lawful process when the disclosure satisfies HIPAA and applicable Maryland requirements.

All subpoenas, court orders, warrants, and legal requests for PHI shall be promptly referred to the Privacy Officer and, when appropriate, legal counsel before disclosure.

6.8 Law Enforcement

PHI may be disclosed to law enforcement only when authorized by HIPAA and applicable Maryland law.

Workforce members shall not independently respond to law enforcement requests for PHI unless authorized under Practice procedures.

6.9 Serious and Imminent Threats

PHI may be disclosed when permitted by law to prevent or lessen a serious and imminent threat to health or safety.

6.10 Organ, Tissue, and Donation Purposes

PHI may be disclosed when permitted by law for organ donation, transplantation, or tissue donation purposes.

6.11 Workers' Compensation

PHI may be disclosed as permitted by applicable workers' compensation laws.

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7. PATIENT AUTHORIZATIONS

When HIPAA or Maryland law requires a written authorization, Hirsch Pediatrics shall obtain a valid authorization before disclosing PHI.

Authorizations shall:

- Be written in plain language;
- Identify the information to be disclosed;
- Identify the person or class of persons authorized to make the disclosure;
- Identify the person or class of persons to whom disclosure may be made;
- Describe the purpose of the disclosure;
- Include an expiration date or event;
- Be signed and dated by the patient or legally authorized representative; and
- Satisfy all other applicable legal requirements.

An authorization may be revoked in writing, subject to disclosures already made in reliance on the authorization.

A general consent to treatment, payment, or health care operations is not a substitute for an authorization when HIPAA requires an authorization.

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8. MINORS AND PARENTAL ACCESS

Because Hirsch Pediatrics is a pediatric practice, special attention shall be given to the privacy rights of minors and the authority of parents, guardians, and other persons acting on behalf of minors.

As a general rule, a parent or legal guardian may exercise a minor's HIPAA rights as the minor's personal representative when permitted by applicable law.

However, a parent or guardian may not automatically have unrestricted access to all information concerning a minor.

Hirsch Pediatrics shall consider:

1. Whether the minor may consent to the particular health care under Maryland law;
2. Whether the minor independently consented to the care;
3. Whether the parent or guardian is legally authorized to act as the minor's personal representative;
4. Whether disclosure would be prohibited by federal or Maryland law;
5. Whether the information concerns services for which the minor has a right to confidentiality;
6. Whether disclosure would be contrary to applicable law or a court order; and
7. Whether the disclosure would otherwise be permitted under HIPAA.

When a minor receives health care for which the minor is legally authorized to consent without parental consent, Hirsch Pediatrics shall protect the minor's information concerning that care as required by applicable law.

Staff shall consult the Privacy Officer before releasing a minor's records when:

- The minor has consented to the care;
- The parent is not the legal guardian;
- There is a custody dispute;
- A court order affects access;
- The minor has requested confidentiality;
- The records concern sensitive or specially protected services; or
- The legal authority of the requesting person is unclear.

9. SPECIAL PROTECTION FOR SENSITIVE HEALTH INFORMATION

Hirsch Pediatrics recognizes that certain information receives heightened protection under Maryland and federal law.

The Practice shall apply additional review before disclosing information concerning, as applicable:

- Substance use disorder treatment;
- HIV/AIDS;
- Mental health and psychiatric services;
- Genetic information;
- Reproductive health care;
- Abortion care;
- Services for which a minor may legally consent;
- Other legally protected health information.

The Practice shall not assume that a disclosure permissible under HIPAA is automatically permissible under Maryland law.

When a record contains multiple categories of information subject to different confidentiality laws, the Privacy Officer shall determine which law or combination of laws governs the disclosure.

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10. 42 CFR PART 2 — SUBSTANCE USE DISORDER RECORDS

10.1 General Rule

Hirsch Pediatrics shall comply with **42 C.F.R. Part 2** whenever Part 2 applies to information maintained or received by the Practice.

Part 2 protects the confidentiality of patient records relating to substance use disorder diagnosis, treatment, or referral for treatment when the records are maintained by a federally assisted Part 2 program, and certain Part 2 obligations also apply to lawful recipients of Part 2 records.

The current Part 2 regulatory framework was revised by the 2024 Final Rule, with compliance required by February 16, 2026.

10.2 Identification of Part 2 Information

The Practice shall establish procedures to identify Part 2 information when the Practice:

- Operates a Part 2 program;
- Receives records from a Part 2 program;
- Receives information that is subject to Part 2 restrictions; or
- Maintains records that are subject to Part 2.

If Hirsch Pediatrics is not itself a Part 2 program, the Practice shall nevertheless comply with applicable Part 2 restrictions governing information received from a Part 2 program.

10.3 Part 2 Consent

Where Part 2 requires patient consent for use or disclosure, Hirsch Pediatrics shall obtain a consent that satisfies the applicable Part 2 requirements.

Under the current Part 2 rule, a patient may provide a single consent for future uses and disclosures for treatment, payment, and health care operations, subject to the limitations and requirements of Part 2.

Part 2 records may not be used or disclosed for certain civil, criminal, administrative, or legislative proceedings against a patient without the specific consent or court order required by Part 2.

10.4 Redisclosure

Hirsch Pediatrics shall not redisclose Part 2 information except as permitted by Part 2 and other applicable federal and Maryland law.

A Part 2 record received by Hirsch Pediatrics shall not automatically be treated as ordinary PHI that may be freely redisclosed under HIPAA.

Maryland HIE regulations likewise require compliance with Part 2 and prohibit redisclosure of Part 2 information without appropriate consent or authorization unless otherwise permitted by applicable law.

10.5 Part 2 and Legal Requests

Any subpoena, court order, warrant, or other legal demand involving Part 2 information shall be referred immediately to the Privacy Officer and legal counsel.

The Practice shall not disclose Part 2 information in response to a legal demand unless the disclosure satisfies Part 2 and all other applicable legal requirements.

10.6 Part 2 Counseling Notes

Any separately protected substance use disorder counseling notes shall receive the heightened protection required by Part 2.

A separate consent may be required for disclosure of Part 2 counseling notes.

10.7 Part 2 Breaches

If a breach involving unsecured Part 2 records occurs, Hirsch Pediatrics shall follow applicable Part 2 and HIPAA breach-notification requirements, including notification obligations applicable to affected individuals and governmental authorities.

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11. MARYLAND CONFIDENTIALITY OF MEDICAL RECORDS

Hirsch Pediatrics shall comply with Maryland's Confidentiality of Medical Records Act.

Maryland law generally requires health care providers to keep medical records confidential and to disclose them only as authorized by Maryland law or otherwise permitted by law.

Requests for medical records shall be processed according to applicable Maryland law, HIPAA, and Practice procedures.

Maryland law generally provides a right for a person in interest to request access to and copies of medical records, subject to statutory exceptions and limitations.

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12. PATIENT RIGHT OF ACCESS

Patients generally have the right under HIPAA to inspect and obtain copies of PHI in designated record sets, subject to limited legal exceptions.

Hirsch Pediatrics shall process access requests in accordance with HIPAA and Maryland law.

Access requests shall be directed to the Privacy Officer or designated medical-records personnel.

The Practice shall:

1. Verify the identity and authority of the requesting individual;
2. Determine whether the request is legally valid;

3. Provide access within the time required by applicable law;
4. Apply only legally permitted grounds for denial;
5. Provide an explanation of any permitted denial;
6. Provide an opportunity for review when required; and
7. Maintain documentation of the request and response.

Maryland law generally requires providers to respond within a reasonable time to written requests from a person in interest to receive, see, or copy medical records, subject to applicable exceptions.

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13. AMENDMENT OF MEDICAL RECORDS

Patients may request an amendment to PHI in a designated record set.

Hirsch Pediatrics shall process amendment requests under HIPAA and applicable Maryland law.

The Practice may deny an amendment request when legally permitted, including when the information was not created by the Practice or is not part of the designated record set.

All amendment requests and responses shall be documented.

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14. ACCOUNTING OF DISCLOSURES

Patients may request an accounting of certain disclosures of their PHI as provided by HIPAA.

The Practice shall maintain disclosure records as required by law and shall respond to accounting requests within applicable legal timeframes.

Disclosures that are excluded from the HIPAA accounting requirement shall be handled according to applicable law.

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15. CONFIDENTIAL COMMUNICATIONS

Patients may request that Hirsch Pediatrics communicate with them by alternative means or at alternative locations when permitted by HIPAA.

Examples may include:

- Contacting the patient at a different telephone number;
- Mailing correspondence to an alternative address;
- Using a preferred communication method.

The Practice shall accommodate reasonable requests when required by law and shall document the request and any applicable limitations.

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16. ELECTRONIC COMMUNICATIONS

Hirsch Pediatrics may communicate with patients electronically using approved systems, including patient portals and other secure communication platforms.

The Practice shall use reasonable safeguards when communicating PHI electronically.

Email and text messaging may carry privacy and security risks. Where permitted by law, the Practice may communicate with patients using these methods after appropriate procedures are followed.

Workforce members shall not use personal email accounts, personal cloud-storage accounts, or unauthorized messaging applications to transmit PHI.

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17. TELEPHONE COMMUNICATIONS AND MESSAGES

Telephone communications involving PHI shall be handled with reasonable safeguards.

Before releasing information by telephone, workforce members shall use reasonable procedures to verify the identity and authority of the person requesting information.

When leaving voicemail messages, staff shall limit the information disclosed to the minimum reasonably necessary for the purpose.

Staff should avoid disclosing sensitive diagnoses or detailed medical information in voicemail messages unless the patient has requested or authorized such communication or disclosure is otherwise permitted.

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18. PATIENT PORTAL ACCESS

Patient portal access shall be provided and managed according to applicable law and Practice procedures.

The Practice shall use reasonable procedures to:

- Verify identity;
- Authenticate users;
- Protect passwords and credentials;
- Manage proxy access;
- Terminate access when appropriate;
- Address minor patients' changing privacy rights; and
- Restrict access when legally required.

Proxy access for parents or guardians shall be reviewed when a minor reaches an age or status that changes the minor's legal rights to confidentiality.

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19. HEALTH INFORMATION EXCHANGES

Hirsch Pediatrics may participate in a Health Information Exchange ("HIE") or other authorized electronic health information network.

When participating in an HIE, the Practice shall comply with applicable:

- HIPAA requirements;
- Maryland law;
- COMAR 10.25.18;
- HIE participation agreements;
- Business Associate Agreements;
- Part 2 requirements; and
- Requirements concerning sensitive health information.

Maryland regulations provide health care consumers with rights concerning HIE participation, including the right to opt out of an HIE, subject to specified exceptions.

The Practice shall follow applicable HIE procedures concerning patient opt-out requests and shall honor applicable restrictions on sensitive health information.

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20. MARYLAND SENSITIVE HEALTH INFORMATION AND HIE DISCLOSURES

Hirsch Pediatrics shall apply additional safeguards when accessing, using, or disclosing sensitive health information through an HIE.

Maryland regulations require compliance with applicable federal and State law, including 42 C.F.R. Part 2 and Health-General Article §4-302.5, when sensitive health information is exchanged through an HIE. Where written consent or authorization is legally required, it must be obtained before disclosure.

The Practice shall not use an HIE as a means of bypassing Maryland or federal confidentiality requirements.

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21. MARYLAND PROTECTIONS FOR REPRODUCTIVE HEALTH CARE AND OTHER LEGALLY PROTECTED HEALTH INFORMATION

Hirsch Pediatrics shall comply with Maryland laws governing legally protected health information, including restrictions concerning abortion care and other sensitive health services.

Maryland law restricts certain disclosures through health information exchanges or electronic health networks involving mifepristone data and diagnosis, procedure, medication, or related codes concerning abortion care and other sensitive health services, subject to statutory exceptions.

Accordingly:

1. The Practice shall not disclose legally protected health information through an HIE in violation of Maryland law.
2. Requests involving reproductive health care or other legally protected health information shall receive additional review.
3. Staff shall consult the Privacy Officer before responding to unusual requests for such information.
4. The Practice shall comply with applicable federal and Maryland restrictions concerning disclosures to law enforcement, governmental authorities, courts, and other third parties.
5. The Practice shall not disclose information through an HIE merely because the information is available in the electronic medical record.

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22. BREACH NOTIFICATION

Hirsch Pediatrics shall maintain procedures for identifying, investigating, documenting, and responding to suspected or confirmed breaches of unsecured PHI.

Upon discovery of a suspected breach, workforce members shall immediately notify the Privacy Officer.

The Practice shall:

1. Investigate the incident;
2. Identify the information involved;
3. Identify affected individuals;
4. Determine whether the information was actually acquired or viewed;
5. Assess the risk of compromise as required by applicable law;
6. Take steps to mitigate harm;
7. Document the investigation;
8. Provide notifications when legally required; and
9. Implement corrective actions.

Breach notification requirements under HIPAA, HITECH, Part 2, and Maryland law shall be evaluated separately where applicable.

A Part 2 breach may trigger Part 2-specific notification obligations in addition to HIPAA requirements.

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23. SECURITY SAFEGUARDS

Hirsch Pediatrics shall maintain appropriate administrative, physical, and technical safeguards to protect PHI.

Safeguards shall include, as appropriate:

- Unique user identification;
- Password controls;
- Multi-factor authentication when available and appropriate;
- Role-based access;
- Automatic logoff;
- Encryption where appropriate;
- Secure backups;
- Antivirus and endpoint protection;
- Network security;
- Physical access controls;
- Secure disposal;
- Workforce training;
- Audit logs;

- Monitoring of inappropriate access;
- Incident response procedures; and
- Business continuity and disaster recovery procedures.

Workforce members shall access only the information necessary to perform their assigned duties.

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24. ELECTRONIC MEDICAL RECORD ACCESS

All access to electronic medical records shall be for legitimate Practice purposes.

Workforce members may not:

- Look up their own records unless authorized;
- Look up records of family members unless authorized;
- Access records of friends or neighbors without a legitimate work-related need;
- Access celebrity or public-figure records out of curiosity;
- Browse records after termination of employment;
- Share passwords;
- Allow another person to use their credentials; or
- Attempt to circumvent access controls.

The Practice may audit electronic access logs.

Unauthorized access may result in disciplinary action, up to and including termination.

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25. BUSINESS ASSOCIATES

Hirsch Pediatrics shall enter into Business Associate Agreements ("BAAs") with business associates when required by HIPAA.

Business associates may include vendors that perform services involving PHI, such as:

- Electronic health record vendors;
- Billing companies;
- Practice management companies;
- IT providers;
- Cloud service providers;
- Medical transcription services;

- Document destruction companies; and
- Other vendors meeting the definition of a business associate.

Where Part 2 applies, the Practice shall ensure that appropriate Part 2 requirements are satisfied, including qualified service organization requirements when applicable.

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26. WORKFORCE TRAINING

All workforce members shall receive privacy and security training appropriate to their duties.

Training shall address:

- HIPAA privacy;
- HIPAA security;
- Maryland confidentiality requirements;
- Minor patient confidentiality;
- Sensitive health information;
- 42 C.F.R. Part 2, when applicable;
- HIE requirements;
- Secure electronic communications;
- Password security;
- Breach reporting;
- Incident response; and
- Sanctions for violations.

Training shall be provided upon hire and periodically thereafter, and when material changes to policies or law require additional education.

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27. PRIVACY COMPLAINTS

Patients and families may submit privacy complaints to the Privacy Officer.

Complaints shall be:

- Accepted without retaliation;
- Documented;
- Investigated promptly;
- Evaluated under applicable law; and

- Resolved or addressed as appropriate.

No patient shall be denied care, discriminated against, or retaliated against for filing a privacy complaint.

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28. COMPLAINTS TO FEDERAL OR STATE AUTHORITIES

Patients may also file complaints with appropriate governmental authorities, including the U.S. Department of Health and Human Services, Office for Civil Rights, or applicable Maryland regulatory authorities.

Hirsch Pediatrics shall not retaliate against any person for exercising a lawful privacy right or filing a good-faith complaint.

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29. SANCTIONS FOR VIOLATIONS

Violations of this Policy may result in disciplinary action.

Depending on the circumstances, sanctions may include:

- Counseling;
- Retraining;
- Written warning;
- Suspension;
- Termination;
- Contract termination;
- Reporting to licensing authorities when required; and
- Other legal or administrative action.

The Practice shall apply sanctions consistently and in accordance with applicable law and Practice policy.

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30. RETALIATION PROHIBITED

Hirsch Pediatrics strictly prohibits retaliation against any patient, parent, guardian, workforce member, or other individual who:

- Files a privacy complaint;

- Reports a suspected privacy violation;
- Requests access to records;
- Requests an amendment;
- Exercises a legally protected privacy right;
- Participates in a privacy investigation; or
- Reports a suspected HIPAA, Part 2, or Maryland privacy violation in good faith.

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31. MEDICAL RECORD RETENTION AND DESTRUCTION

Hirsch Pediatrics shall maintain medical records in accordance with applicable federal and Maryland requirements and the Practice's record-retention schedule.

Records shall be destroyed only through secure methods that protect patient confidentiality.

Maryland law establishes specific retention and destruction requirements for medical records, including special requirements for records of minor patients. For minor patients, Maryland law generally prohibits destruction of medical records until the patient reaches the age of majority plus seven years, subject to statutory notice requirements and exceptions.

Before destroying records, the Practice shall verify that:

1. The applicable retention period has expired;
2. No litigation hold or legal preservation requirement applies;
3. No investigation requires preservation;
4. No applicable federal or Maryland law requires continued retention; and
5. Appropriate destruction procedures are followed.

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32. SECURE DISPOSAL

PHI shall be securely destroyed when no longer required to be retained.

Paper records shall be shredded or destroyed in a manner that makes the information unreadable and unrecoverable.

Electronic media shall be securely erased, destroyed, or otherwise rendered inaccessible in accordance with applicable security procedures.

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33. INCIDENT REPORTING

Any workforce member who knows or reasonably suspects that PHI has been improperly accessed, used, disclosed, lost, stolen, altered, or destroyed shall immediately report the incident to the Privacy Officer or designated Practice leadership.

Examples include:

- Misaddressed emails;
- Lost laptops;
- Lost mobile devices;
- Misdirected faxes;
- Wrong-patient disclosures;
- Unauthorized chart access;
- Lost paper records;
- Stolen equipment;
- Improper disposal;
- Accidental disclosure to family members;
- Unauthorized portal access; and
- Suspected cyberattacks.

Employees shall not delay reporting an incident because they are uncertain whether it constitutes a breach.

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34. MINIMUM NECESSARY AND ROLE-BASED ACCESS

The Practice shall implement role-based access to PHI when appropriate.

Workforce members shall access only the information necessary to perform their assigned duties.

Supervisors shall periodically review access privileges and request modification or termination of access when job responsibilities change.

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35. PHOTOGRAPHS, VIDEO, AND SOCIAL MEDIA

Photographs, videos, and other recordings that identify a patient are PHI when maintained or used by the Practice in a manner covered by HIPAA.

The Practice shall not post identifiable patient information or photographs on social media or public websites without an appropriate written authorization, unless another lawful basis applies.

Workforce members shall not post patient information on personal social media accounts.

Patient information shall not be used for testimonials, marketing, promotional activities, or advertising without an authorization when required by HIPAA or applicable Maryland law.

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36. MARKETING

Hirsch Pediatrics shall comply with HIPAA and Maryland law concerning marketing communications.

The Practice shall obtain authorization when required for marketing uses or disclosures of PHI.

The Practice shall not sell PHI except as permitted by HIPAA and applicable law.

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37. RESEARCH

Research involving PHI shall be conducted only in accordance with applicable federal and Maryland law.

Research activities shall be reviewed to determine whether authorization, waiver of authorization, Institutional Review Board approval, de-identification, limited data set requirements, or other legal safeguards apply.

Part 2 information shall receive any additional protections required by 42 C.F.R. Part 2.

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38. PSYCHOTHERAPY NOTES

Psychotherapy notes, when maintained and defined as such under HIPAA, shall receive the special protection required by HIPAA.

A separate authorization may be required for disclosure of psychotherapy notes.

Psychotherapy notes shall not be confused with ordinary clinical documentation or behavioral health information contained in the medical record.

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39. EMERGENCY CARE

In an emergency, Hirsch Pediatrics may use or disclose PHI as permitted by HIPAA and applicable law to provide necessary treatment and protect patient health and safety.

Part 2 information shall be handled according to the specific emergency disclosure provisions of 42 C.F.R. Part 2 when Part 2 applies.

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40. PATIENT REQUESTS FOR RESTRICTIONS

Patients may request restrictions on certain uses and disclosures of their PHI.

The Practice shall evaluate requests under HIPAA and applicable Maryland law.

The Practice shall comply with a request to restrict disclosure of PHI to a health plan for payment or health care operations when required by HIPAA, if the statutory conditions for such restriction are satisfied.

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41. POLICY ON MORE RESTRICTIVE LAWS

When more than one privacy law applies to a patient's information, Hirsch Pediatrics shall determine which law governs the proposed use or disclosure.

Examples may include:

- HIPAA;
- 42 C.F.R. Part 2;
- Maryland Confidentiality of Medical Records Act;
- Maryland laws concerning minors;
- Maryland HIV confidentiality laws;
- Maryland mental health confidentiality laws;
- Maryland reproductive health and legally protected health information laws;
- HIE requirements; and
- Other applicable federal or Maryland laws.

The Practice shall not rely solely on HIPAA when another applicable law imposes a more restrictive requirement.
