

# Notice of Privacy Practices

## YOUR INFORMATION YOUR RIGHTS OUR RESPONSIBILITIES

Our practice is committed to educating our patients about health care issues that affect them. As a result, we are providing you with general information about the Privacy Rule, a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy. Our practice is complying with HIPAA's regulations. The following categories describe the different ways in which we may use and disclose your Individually Identifiable Health Information (IIHI) or Protected Health Information (PHI).

## OUR USES AND DISCLOSURES

- Treatment
- Appointment Reminders
- Payment
- Treatment Options
- Disclosure Required By Law
- Fundraising
- Health Care Operations
- Health Related Benefits and Services
- Provider – Patient Communication
- Release of Information to Authorized Adults & Entities

## OUR USES AND DISCLOSURES IN UNIQUE SITUATIONS

- Public Health Risks
- Health Oversight Activities
- Law Enforcement
- Deceased Patients
- Research
- National Security Inmates
- Military
- Lawsuits
- Serious Threats to Health & Safety
- Organ & Tissue Donation
- Worker's Compensation

## OUR USES AND DISCLOSURES ONLY IF YOU PROVIDE AUTHORIZATION

- Marketing to Patients
- Communication via Telephone, Text Messaging or Email
- Pre-Authorization for Billing of Non-Covered Expense
- Psychotherapy Notes

## YOU HAVE THE RIGHT TO

- Confidential Communications
- Electronic Access to PHI
- Request Restrictions
- Restrict Disclosures to Health Plans for Treatment Paid Out of Pocket in Full
- Copies of Your PHI
- Request Modifications to Patient Authorization and Other Requirements to Facilitate Research
- Request an Amendment of Your Medical Record
- Accounting of Disclosures
- Request Disclosure of Patient Immunization to Schools
- Request a Paper Copy of This Notice
- Enable Access to Decedent Information by Family Members or Others
- File a Complaint
- Opt-Out of Fundraising Communications
- Opt-Out of Provider-Patient Communications Regarding Appointments or Health Care Reminders
- Opt-Out of Maintaining Payment Information on File and re-Authorizing Payment for Non-Covered Expenses
- Provide an Authorization for Other Uses and Disclosures
- Breach Notification of Unsecured PHI and ePHI

## ADDITIONAL INFORMATION

The Notice of Privacy Practices is available on [www.pediatricassociates.com](http://www.pediatricassociates.com) in English and Spanish. You may also visit our offices for a copy of the Notice. Our practice is compliant with the Americans with Disabilities Act of 1990 and will make this Notice available to patients with disabilities upon request in alternative formats.

## ACTIONS YOU MAY TAKE

If you have any questions regarding this notice or our health information privacy policies; or if you believe that we may have violated your privacy rights; or disagree with a decision that we made about access to your PHI; you may contact us at the following address, email address or phone number.

Pediatric Associates CC: Privacy Officer

900 S. Pine Island Road., Suite 800 Plantation, FL 33324

**EMAIL:** [privacyoffice@pediatricassociates.com](mailto:privacyoffice@pediatricassociates.com) **PHONE:** 855-543-9362