

# *Personalized Pediatrics : HIPAA 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.

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## **Personalized Pediatrics Duties**

Personalized Pediatrics is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how your information is kept private and confidential. This notice explains the legal duties and practices relating to your protected health information. As part of Personalized Pediatrics legal duties this Notice of Privacy Practices must be given to you. Personalized Pediatrics is required to follow the terms of the Notice of Privacy Practices currently in effect.

Personalized Pediatrics may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy will be available by email or at request.

## **Uses and Disclosures of your Protected Health Information**

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person. Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. This medical information is used by Personalized Pediatrics in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Personalized Pediatrics for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. Personalized Pediatrics may use or disclose your health information for case management and services. Personalized Pediatrics may send the medical information to insurance companies to pay for the services provided to you.

Your information may be used by certain personnel to improve the health care operations.

Personalized Pediatrics also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the Department of Health
- Public health purposes including vital statistics, disease reporting, public health surveillance, investigations, interventions and regulation of health professionals.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by the department will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing.

## **Individual Rights**

You have the right to request Personalized Pediatrics to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. Personalized Pediatrics is not required to agree to any restriction. You have the right to be assured that your information will be kept confidential. Personalized Pediatrics may mail or call you with health care appointment reminders. We will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you. You have the right to inspect and receive a copy of your protected health information.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction

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Personalized Pediatrics may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the department,
- Is not protected health information,
- Is by law not available for your inspection, or
- Is accurate and complete.

If your correction is accepted, the Personalized Pediatrics will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. Personalized Pediatrics will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department of Health may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures for health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to April 14, 2003.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6-year period from the date of your request.

## **The Right To Obtain a Paper Copy of this Notice**

Upon request we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

## **For Further Information**

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, or to the Department of Health, Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Personalized Pediatrics will not retaliate against you for filing a complaint.

## **Effective Date**

This Notice of Privacy Practices is effective beginning April 14, 2003, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

## **References**

Broward County Department of Health Notice of Privacy Practices