

Pediatric Health Care Alliance, PA

NOTICE OF PRIVACY PRACTICES

Updated February 2021



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Pediatric Health Care Alliance, P.A. (referred to as “PHCA,” “we,” or “us”) is dedicated to maintaining the privacy of your child’s medical information. In conducting our business, we will create records regarding your child and the treatment and services we provide to him/her. We are required by law to maintain the confidentiality of your child’s medical information, provide you with this Notice of our legal duties and the privacy practices that we maintain concerning your child’s medical information, and to notify you of a breach of your child’s unsecured health information. By federal and state law, we must follow the terms of this Notice that are in effect at the time. This Notice describes how we may use and disclose your child’s medical information, the rights that you and your child have related to your child’s health information, and our obligations related to the use and disclosure of medical information.

Applicability and Changes to this Notice. The terms of this Notice apply to all records containing your child’s medical information that are created or retained by PHCA. This Notice will be followed by all health care professionals, employees, medical staff, and other individuals providing services at PHCA. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your child’s records that PHCA has created or maintained in the past, and for any records that we may create or maintain in the future. We will post a current copy of this Notice on our website and in our office locations. You may also request a copy of the current Notice at any time by reaching out to us at the contact information provided below.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

The [Site Manager](#) at the office where your child is usually seen, or our Privacy Officer at (813) 854-2003 or privacy@pedialliance.com.

C. HOW WE MAY USE AND DISCLOSE YOUR CHILD’S MEDICAL INFORMATION.

The following categories describe the different ways in which we may use and disclose your child’s medical information without your prior authorization:

1. Treatment. We may use and disclose your child’s medical information to provide medical treatment for your child. For example, we may use and disclose your child’s medical information to order laboratory tests or prescriptions, to assist other health care providers in their treatment of your child, or to inform you of potential treatment alternatives or programs, such as our Asthma Program.

2. Payment. We may use and disclose your child’s medical information in order to bill and collect payment for the services and items provided by us for your child. For example, we may use and disclose your child’s health information to contact your child’s health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your child’s insurer with details regarding your child’s treatment to determine if the insurer will cover, or pay for, your child’s treatment. We may use and disclose your child’s medical information to bill you or other third parties responsible for payment of the services rendered by us. We may also disclose your child’s medical information to other health care providers to assist in their billing and collection efforts.

3. Health Care Operations. We may use and disclose your child’s medical information for our healthcare operations. For example, we may use or disclose your child’s medical information to evaluate the quality of care your child received

from us, or to conduct cost-management and business planning activities. In some circumstances, we may share medical information with other health care providers for their health care operations.

4. Health Information Exchanges. PHCA may participate in one or more Health Information Exchanges (“HIE”). HIEs allow health care entities participating in the same HIE to quickly share medical information as necessary to support timely care coordination and quality health care. For example, your child’s medical information related to a recent hospital visit may be shared via a HIE with PHCA so that we can promptly coordinate necessary follow-up treatment with you. If we participate in a HIE, we will follow applicable state law related to consent and/or opt-out requirements.

5. Electronic Communications Not Secure. Using any unsecure electronic communication (such as regular email) to communicate with us can present risks to the security of information. These risks include possible interception of the information by unauthorized parties, misdirected emails, shared accounts, message forwarding, or storage of the information on unsecured platforms and/or devices. We do not advise that you communicate with us via unsecured email or text message. By choosing to correspond with us via unsecure electronic communication platforms, you are acknowledging and accepting these risks.

6. Fundraising. We may contact you to provide information about various PHCA fundraising efforts. If we do contact you for fundraising activities, you will be provided with an opportunity “opt-out” of such communications and tell us not to contact you again.

D. OTHER USES AND DISCLOSURES OF YOUR CHILD’S MEDICAL INFORMATION WHERE AUTHORIZATION IS NOT REQUIRED

We may use and disclose your child’s medical information to recommend possible treatment alternatives or to inform you of benefits or services we provide. In the event of a disaster, we may disclose your child’s medical information to organizations assisting in disaster relief efforts unless you tell us not to, and that decision will not interfere with our ability to respond in emergency circumstances. Other circumstances in which we may use or disclose your child’s medical information without your authorization (permission) include:

1. Public Health & Safety. We may disclose your child’s medical information to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled

2. Health Oversight Activities. We may disclose your child’s medical information to a health oversight agency for activities authorized by law.

3. Lawsuits and Similar Proceedings. We may use and disclose your child’s medical information in response to a court or administrative order, or in response to a subpoena.

4. Law Enforcement. We may release your child’s medical information to law enforcement as authorized or required by law.

5. Medical Examiners & Funeral Directors. In the event of death, we may release your child’s medical information to a medical examiner, funeral director, or coroner.

6. Research. We may use and disclose your child’s medical information for health research purposes. We will obtain your written authorization to use your child’s medical information for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization is appropriate and within the

requirements of applicable law. In these cases, your information will continue to be protected and the research will not affect your child's health care or treatment.

7. Serious Threats to Health or Safety. We may use and disclose your child's medical information when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Workers' Compensation. We may release your child's health information for workers' compensation and similar programs subject to the requirements of State Law.

9. Compliance. We are required to disclose your child's medical information to the Secretary of the Department of Health and Human Services or his designee upon request to investigate our compliance with HIPAA or to you upon request pursuant to section E.3. below.

10. Family Members & Friends. We may disclose your child's medical information to individuals who you have chosen to involve in your child's medical care unless you object to such a disclosure. For example, if you give permission for your babysitter to bring your child to our office for treatment of a cold, the babysitter may have access to this child's medical information. If you are not able/available to tell us your preference for disclosing your child's information with others involved in your child's care, we may go ahead and share the information if we believe in our professional judgment that it is in your/your child's best interest.

E. YOUR RIGHTS REGARDING YOUR CHILD'S MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about your child:

1. Confidential Communications. You have the right to request that we communicate with you about your child's medical information in a particular manner or at a certain location. For instance, you may ask us not to contact you at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact for billing purposes, or the location where you wish to be contacted. We will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request that we limit the use and disclosure of your child's medical information for treatment, payment and health care operations. We are not required to agree to your request. You must make your request in writing to the Site Manager where you receive treatment services. If we agree to your request, our agreement will be in writing and we will comply with the restriction unless the information is needed to provide your child with emergency care or we are required or permitted by law to disclose it. We must agree to your restriction request if you request that we not disclose medical information to your health plan, that medical information relates to a health care item or service for which we have received payment in full, and the disclosure is not otherwise required by law. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancelation and continue to apply the restriction to information collected before the cancelation.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the medical information maintained and used by us to make decisions about your child, including patient medical records and billing records. This right does not include psychotherapy notes or other information protected under State Law where prior authorization of a minor patient is required. To obtain copies or request inspection of medical information, you must submit your request in writing to the Site Manager at the location where your child receives treatment. We may charge a reasonable fee that will be in compliance with applicable law. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your child's medical information if you believe it is incorrect or incomplete for as long as we have the information. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. Please provide us with a reason that supports your request for amendment. If we agree to the

amendment request, we will notify you and amend your child's medical information. Please note that we cannot delete information contained in medical records and the change will appear as an addendum to the existing record. We may deny your request if you ask us to amend information that we determine is: (a) accurate and complete; (b) not part of the designated record set kept by us; (c) not part of the designated record set which you would be permitted to inspect and copy; or (d) not created by PHCA, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. You have the right to request a list (accounting) of certain disclosures of your child's medical information that occurred in the past six years, who we shared it with, and why. We are not required to include all disclosures in the accounting (for example, disclosures made for treatment, payment, health care operations, and those requested by you will not be included). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. To obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an accounting should include the time period of your request.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of this Notice. To request a paper copy of this Notice, contact the Site Manager where your child receives treatment or the Privacy Officer whose contact information is included in this Notice. You may also view our current Notice on our website at www.PediAlliance.com.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Officer at P.O. Box 1068, Oldsmar, Florida 34677-1068 or privacy@pedialliance.com / 813-854-2003. All complaints must be submitted in writing. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Uses and disclosures that are not identified by this Notice will be made only with your written authorization. We will never sell or use your child's medical information for marketing purposes without your authorization. We will not disclose psychotherapy notes without your prior authorization. Any authorization you provide to us regarding the use and disclosure of your child's medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's medical information for the reasons described in the authorization. However, uses and disclosures made before we received your withdrawal will not be affected as we cannot take back any disclosures that have already been made based on your authorization.

9. Right to a Personal Representative. Personal Representatives (including parents and legal guardians) can exercise the rights described in this Notice. There are, however, some situations under State Law where prior authorization of a minor patient is required before certain actions can be taken. Please note that when a minor reaches 18 years of age or is otherwise emancipated under State Law, they hold all rights defined by this Notice unless someone has been designated to act on their behalf.

10. Right to Receive Notice of a Breach. We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your child's medical information.

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact the [Site Manager](#) or our Privacy Officer.

Privacy Officer
Pediatric Health Care Alliance, P.A.
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Oldsmar, FL 34677
813-854-2003
privacy@pedialliance.com