

A to Z Pediatrics

Your child's Patient centered Medical Home

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Patient Privacy Practices

A to Z pediatrics (the "Practice")

NOTICE OF PRIVACY PRACTICES:

The privacy of your personal and health information is important.
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.

No action on your part is required, unless you have a request or complaint.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. You may call the office and request that a revised copy be sent to you in the mail or request a current copy at the time of your next appointment.

I. HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

A. Uses and Disclosures for Treatment, Payment and Health Care Operations: We collect health information from you and store it in an electronic chart. This is your medical record. The medical record is the property of the practice, but the information in the medical record belongs to you. We protect the privacy of your health information. The law permits us to use or disclose your health information for the purposes of treatment, payment and health care operations. Following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make:

Treatment. We may use or disclose your PHI to physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment. We may use or disclose your PHI to obtain payment for your health care services. For example, obtaining approval for services may require that your PHI be disclosed to your health plan.

Health Care Operations. We may use or disclose your PHI or a limited data set in order to operate our practice. For example, we may use your PHI in order to evaluate the quality of health care services that you receive or to evaluate the performance of those who provide health care services to you. We may also provide your PHI to consultants in order to make sure we are complying with the laws that affect us. We may ask you to sign in at our front desk, and also call you by name when your physician is ready to see you.

B. Others Involved In Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

C. Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

D. Other Permitted and Required Uses and Disclosures that may be made without your authorization or opportunity to object: We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required by law, legal proceedings, or law enforcement. We make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with crime; or when ordered in a judicial or administrative proceeding.

Public Health. As required by law, we may release PHI or a limited data set to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. We are required to report all births and deaths to the office of vital statistics for certificate purposes.

Health Oversight Activities. We may disclose your health information to assist the government when it conducts an investigation or inspection of a health care provider or organization. We are required to disclose PHI, upon request, to the Secretary of the Department of Health & Human Services so they can determine our compliance with privacy laws.

Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Privacy Board.

Public Safety. We may disclose your health information or limited data set to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specific Government Functions. We may disclose your health information for military, national security, and prisoner purposes.

Worker's Compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter.

Florida State Specific Requirements. When Florida's laws are more stringent than federal privacy laws, the state law preempts the federal law.

Diagnostic and therapeutic information regarding psychiatric, drug/alcohol abuse or sexually transmitted diseases (including HIV status) will not be disclosed without your specific permission, unless required by law.

II. WHEN WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If we obtain an authorization from you to use or disclose your health information for other purposes, you may revoke your authorization in writing at any time except to the extent that your physician or your physician's practice has taken action in reliance on the use or disclosure indicated in the authorization.

III. YOUR HEALTH INFORMATION RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Your request for a copy must be in writing and you may be assessed a charge to cover the expenses related to providing the information.

You have the right to request restriction on certain uses and disclosures of your protected health information. We will consider your request, but are not required to accept it. These requests must be in writing.

You have the right to obtain a paper copy of this notice from us, upon request.

You have the right to choose how you receive your health information. You have the right to ask that we send information to you at an alternative address (for example e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested. These requests must be in writing. You may be assessed a charge for this accommodation.

You have a right to request that we correct or update information that is incorrect or incomplete. We are not required to change your health information. If we deny your request, we will provide you with information about our denial and how you can disagree with the denial. These requests must be in writing.

You have a right to receive a list of disclosures we have made, such as disclosures required by law, disclosures to government officials, and disclosures for workers' compensation. This request must be in writing and must state the time period. The time period requested may not be longer than six years. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

IV. QUESTIONS

If you have questions about any part of this notice, or if you want more information about our privacy practices, please contact the office manager at A to Z Pediatrics.

V. INCIDENTAL DISCLOSURES

We make reasonable efforts to avoid incidental disclosures of your protected health information. An example of an incidental disclosure is conversations that may be overheard between you and our team members.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the President of A to Z Pediatrics. To file a complaint with us, contact our office at (727)375-5242 or www.atozkidz.com **You will not be penalized for filing a complaint.**

VI. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change this Notice of Privacy Practices at any time in the future. We reserve the right to make the changed notice effective for health information we already have about you as well as any we receive in the future. We will post a current copy of the Notice. In addition, you may obtain a copy of the current notice in effect upon request.

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