

# Pediatric Endocrine and Wellness Center, PA

## HIPAA Notice of Patient Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED UNDER FEDERAL AND FLORIDA LAW AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Your health information is personal and confidential. We are committed to keeping your health information private, and we are legally required to respect your confidentiality.

HIPAA is the Health Insurance Portability and Accountability Act, a Federal law that requires health providers to take certain steps to protect the privacy and security of patient health information.

If you have any questions about this Notice of Patient Privacy Practices, please contact Dr. Huerta at: Phone: 305-935-2441.

What type of medical information is covered by this Notice?

Medical information covered by this Notice is information that identifies you or could be used to identify you that is collected from you or created or received by Pediatric Endocrine and Wellness Center, PA and that relates to your past, present or future physical or mental health condition, including health care services provided to you and payment for such health care services.

If you have any questions about this notice, please contact Dr. Huerta at (305) 935-2441.

### ***Section A: Who Will Follow This Notice?***

This notice describes Pediatric Endocrine and Wellness Center, PA's practices regarding the use and disclosure of your medical information, including use and disclosure by:

- Any health care professional authorized to enter information into your medical chart maintained by Pediatric Endocrine and Wellness Center, PA.
- All employees, staff and other members of the Pediatric Endocrine and Wellness Center, PA.

### ***Section B: Our Pledge Regarding Medical Information.***

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by Pediatric Endocrine and Wellness Center, PA, whether made by Pediatric Endocrine and Wellness Center, PA personnel or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Use our best efforts to keep medical information that identifies you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### ***Section C: How We May Use and Disclose Medical Information About You.***

The following categories describe different ways in which Pediatric Endocrine and Wellness Center, PA is permitted to use and disclose medical information.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians and/or other members of the Pediatric Endocrine and Wellness Center, PA workforce who are involved in taking care of you. We also may disclose medical information about you to individuals outside of Pediatric Endocrine and Wellness Center, PA, such as family member or other health care providers, and other health care facilities who may be involved in your medical care.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Pediatric Endocrine and Wellness Center, PA may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health

plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **Health Care Operations.** We may use and disclose medical information about you for Pediatric Endocrine and Wellness Center, PA's operations. These uses and disclosures are necessary to operate Pediatric Endocrine and Wellness Center, PA and make sure that all of our patients receive appropriate care.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Pediatric Endocrine and Wellness Center, PA.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, if you have undergone open-heart surgery at Pediatric Endocrine and Wellness Center, PA, you may receive information regarding services that may be of benefit to you in recovering from or dealing with your illness such as structured rehabilitation exercise classes and stress management training.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### ***Section D: Special Situations***

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse (e.g., child abuse, elder abuse, etc.), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, and your medical condition is at issue in the lawsuit or dispute, we may disclose medical information about you if we are a party to the lawsuit or dispute and in those instances where we are not a party to the lawsuit or dispute, in response to a subpoena duces tecum or court or administrative order.
- **Law Enforcement.** We may release medical information to law enforcement officials in response to a court order, subpoena, warrant, summons or similar process.

#### ***Section E: Your Rights Regarding Medical Information About You***

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and

billing records, but does not include psychotherapy notes. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Pediatric Endocrine and Wellness Center, PA. In addition, you must provide a reason that supports your request.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures Pediatric Endocrine and Wellness Center, PA made of medical information about you. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

#### ***Section F: Changes To This Notice.***

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in Pediatric Endocrine and Wellness Center, PA. The notice will contain the effective date.

In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

#### ***Section G: Complaints***

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with Pediatric Endocrine and Wellness Center, PA, you may contact Dr. Huerta at 305-935-2441. All complaints must be made in writing.

**You will not be penalized for filing a complaint.**

#### ***Section H: Other Uses of Medical Information***

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.