

PEDIATRICS IN BREVARD'S NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Pediatrics in Brevard is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. Pediatrics in Brevard is required by law to abide by the terms of our notice that is currently in effect.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your child's medical information as part of rendering patient care. For example, your child's medical information may be used by the doctor or nurse treating him/her (treatment), by the business office to process payment for the services rendered (payment) and by administrative personnel reviewing the quality of the care he/she receives (healthcare operations).

We may also use and/or disclose your child's information in accordance with federal and state laws for the following purposes:

Appointment Reminders.

We may contact you to provide appointment reminders.

Treatment Information.

We may contact you with information about treatment, alternatives or other health-related benefits and services that may be of interest to you.

We may use and disclose Health Information for your child's/ your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment

We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the pediatric medical care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Disclosure to Department of Health and Human Services.

We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Notification.

Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your child's care of your child's location, general condition or death.

Disaster Relief.

We may disclose your child's medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Health Oversight Activities.

We may use or disclose your child's medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your child's medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Data Breach Notification Purposes.

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Abuse or Neglect.

We may disclose your child's medical information when it concerns abuse, neglect or violence in accordance with federal and state law.

As Required by Law.

We will disclose Health Information when required to do so by international, federal, state or local law.

Legal Proceedings.

We may disclose your child's medical information in the course of certain judicial or administrative proceedings.

Law Enforcement.

We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors.

We may disclose your child's medical information to a coroner, medical examiner or a funeral director.

Organ Donation.

If you are an organ donor, we may disclose your child's medical information to an organ donation and/or procurement organization.

Research.

We may use or disclose your child's medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.

Public Health and Safety.

We may use or disclose your child's medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

We may use or disclose proof of immunization to a school, about an individual who is a student or prospective student of the school, if: (a) The protected health information that is disclosed is limited to proof of immunization; (b) The school is required by State or other law to have such proof of immunization prior to admitting the individual; and (C) The covered entity obtains and documents the agreement to the disclosure from either of : (1) A parent, guardian, or other person acting *in loco parentis* of the individual, if the individual is an unemancipated minor; or (2) the individual, if the individual is an adult or emancipated minor.

Family and Friends, Clergy, Schools.

We may disclose your child's medical information to family members, other relatives, clergy, school or day care personnel, camp or close personal friends when the opportunity for you to agree or object to a use or disclosure cannot practicably be provided because of an emergency circumstance. We will exercise our professional judgment to determine whether a disclosure is in your child's best interest and only disclose information that is directly relevant to that person's involvement with your child's care.

Workers' Compensation

We may disclose your child's medical information as authorized by laws relating to workers' compensation or similar programs.

Business Associates.

We may disclose your child's health information to a business associate with whom we contract to provide services on our behalf. To protect your child's health information, we require our business associates to appropriately safeguard the health information of our patients.

National Security and Intelligence Activities

We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

0. ***Individuals Involved in Your Care or Payment for Your Care.*** 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 child's/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.

1. **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.
- 2.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

3. The following uses and disclosures of your Protected Health Information will be made only with your written authorization:
 1. Uses and disclosures of Protected Health Information for marketing purposes; and
 2. Disclosures that constitute a sale of your Protected Health Information

AUTHORIZATIONS:

We will not use or disclose your child's medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation. To request a Revocation of Authorization form, you may contact:

Privacy Officer
Pediatrics in Brevard
134 S Woods Dr
Rockledge, Fl 32955

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your child's/your medical information:

4. You may ask us to restrict certain uses and disclosures of your child's medical information. To request a restriction, you must make your request, in writing, to PIB PRIVACY OFFICER 134 S. Woods Drive Rockledge, Fl 32955. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
5. You have the right to receive communications from us in a confidential manner.
6. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
7. Generally, you may inspect and copy your child's medical information. This right is subject to certain specific exceptions as required by state statutes and you may be charged a reasonable fee for any copies of your records. Examples of records that are **NOT** discloseable are: 1) information regarding sexual activity or sexually transmitted disease 2) pregnancy. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
8. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to

provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

9. You have the right to be notified upon a breach of any of your child's/your unsecured Protected Health Information as well as a breach by any business associate.
10. You may ask us to amend your child's medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
11. You have the right to receive an accounting of the disclosures of your child's medical information made by Pediatrics in Brevard, except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types. The request can not include dates prior to April 14, 2003.
12. You may request a paper copy of this Notice of Privacy Practices for Protected Health Information.
13. You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please contact:

Privacy Officer
Pediatrics in Brevard
134 S Woods Dr
Rockledge, Fl 32955
Phone 321-636-3066

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact:

Privacy Officer
Pediatrics in Brevard
134 S Woods Dr
Rockledge, Fl 32955
Phone 321-636-3066

**THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003.
REVISED APRIL 16, 2003. Revised September 15, 2013**

REVISION OF NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at Pediatrics in Brevard and will make paper copies of the revised Notice of Privacy Practices available upon request.