



NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF OUR PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR CHILD'S INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

A. OUR COMMITMENT TO YOUR PRIVACY

WeeCare for Kids, PA is dedicated to maintaining the privacy of your child's individually identifiable health information (IIHI). 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 health information that identifies your child. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your child's IIHI that are created by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our current Notice at any time.

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

Our Privacy Officer at the office or contact (813) 236-9000.

C. WE MAY USE AND DISCLOSE YOUR CHILD'S IIHI

The following categories describe the different ways in which we may use and disclose your child's IIHI:

1. Our practice may disclose your child's IIHI to **treat** your child. For example, To order laboratory test.
 - To write a prescription or call in a prescription to a pharmacy.
 - To other health care providers for purposes related to your child's treatment.
 - To others who you have given permission to bring your child to the office for treatment.
2. In order to bill and collect **payment** for the services and items provided by us for your child. For example:
 - To contact your child's health insurer to verify your child is eligible for benefits at the time of service.
 - 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.
 - To other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** Our practice may disclose your child's IIHI to operate our business. For example, to evaluate the quality of care your child received from us.
 - To contact and remind you of your child's appointments.
 - To inform you of health-related benefits or services that may be of interest to you.
 - When we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR CHILD'S IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may disclose your child's IIHI to the extent such use or disclosure is required by law:

1. **Public Health Risks.** Our practice may disclose your child's IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - reporting child abuse or neglect

Public Health Risks Cont.

- 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
2. **Health oversight Activities.** Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs.
 3. **Lawsuits and Similar Proceedings.** Our practice may use or disclose your child's IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. In response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.
 4. **Law enforcement.** For example:
 - Regarding a crime victim in certain situations
 - Regarding criminal conduct at our office
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify a suspect, witness, fugitive or missing person
 5. **Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
 6. **Serious threats to health or safety.**
 7. **Worker's compensation.**
 8. **Research.** Our practice may use and disclose your child's IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's IIHI for research purposes.
 9. **Compliance.** We are required to disclose your child's IIHI to the Secretary of the Department of Health and Human Services or his designee upon request to investigate our compliance with HIPAA.

E. YOU HAVE THE FOLLOWING RIGHTS REGARDING THE IIHI THAT WE MAINTAIN:

1. **Confidential Communications.** You may request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. 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 or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests.
2. **Requesting Restrictions.** You have the right to request that we limit the use or disclosure of your child's IIHI for treatment, payment, or health care operations. In order to request a restriction in our use or disclosure of your child's IIHI, you must make your request in writing to the Privacy Officer, describing the information you wish restricted, and to whom you want the limits to apply. Once we agree to your request, we must follow your restrictions (except if the information is required by law or necessary for emergency treatment). You may cancel the restrictions at any time.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
4. **Amendment.** You may ask us to amend your child's health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; or (b) not part of the IIHI kept by our practice.
5. **Accounting of Disclosures.** You have the right to request a list of instances where our practice has disclosed your child's IIHI for reasons other than treatment, payment for services, our healthcare operations, or disclosure you gave us authorization to make for six (6) years prior to the date of your request. If you request this information more than once every twelve (12) months, we may charge a reasonable fee for subsequent requests.
6. **Right to a Paper Copy of This Notice.**
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. File a written complaint with our practice at 11948 Balm Riverview Rd, Riverview, Florida 33569. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your **written authorization** for uses and disclosures that are not identified by this notice or permitted by applicable law.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at 11948 Balm Riverview Rd., Riverview, Florida 33569.