



DAVENPORT PEDIATRICS NOTICE OF PRIVACY PRACTICES

PROTECTED HEALTH INFORMATION

Information about your child's health is called "protected health information." It includes any information that DAVENPORT PEDIATRICS, P.A. receives or creates that can reasonably identify you and that relates to your child's past, present or future physical or mental health or condition.

DAVENPORT PEDIATRICS, PA understands the importance of privacy and is committed to maintaining the confidentiality of your child's medical information. We make a record of the medical care provided to your child and may receive other medical records from others. We use these records to provide and enable us and other healthcare providers to provide quality medical care, to obtain payment for medical services provided to your child and to enable us to meet our professional and legal obligations to properly operate our medical practice. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

A. How DAVENPORT PEDIATRICS, P.A. May Use or Disclose Your Child's Health Information:

DAVENPORT PEDIATRICS, P.A. collects your child's health information and stores it in a chart and on the computer. The medical record is the property of this medical practice and the information in the medical records belongs to you. The law permits us to disclose your child's health information for the following purposes:

1. **Treatment:** We use medical information about your child to provide for his/ her medical care. We disclose medical information to others who are involved in providing for the care that the child may need such as other healthcare providers, pharmacist, laboratory, or members of your family who may be of help when the child is sick or injured.
2. **Payment:** We use and disclose medical information about your child to obtain payment for the services we provide.
3. **Health Care Operations:** We use and disclose medical information about your child to properly operate this medical practice and to improve the quality of care that we provide.
4. **Appointment Reminders:** We may use and disclose medical information to contact and remind you about your child's appointments. If you are not home or at your place of work, we may leave this information on your personal or business answering machine or in a message left with the person answering the telephone.
5. **Sign in Sheets:** We may use and disclose medical information about you by having you sign-in your child's name when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Notification and Communication with Family:** We may disclose your health information to notify or assist in notifying a family member or another person responsible for your child's care about the location or general condition of your child.

Other Permitted or Required Disclosures

7. **Required by Law:** As required by law, we will use and disclose your child's health information, but we limit our use or disclose to the relevant requirements of the law such as when the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials.
8. **Public Health:** We may and are sometimes required by law to disclose your child's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

9. **Health Oversight Activities:** We may, and are sometimes required by law to disclose your child's health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and Florida law.
10. **Judicial and Administrative Proceedings:** We may, and are sometimes required by law, to disclose your child's health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about your child in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
11. **Law Enforcement:** We may, and are sometimes required by law, to disclose your child's health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
12. **Coroners:** We may, and are required by law, to disclose your child's health information to coroners in connection with their investigations of death.
13. **Organ or Tissue Donation:** We may disclose your child's health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. **Public Safety:** We may, and are sometimes required by law to disclose your child's health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.
15. **Specialized Government Functions:** We may disclose your child's health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
16. **Worker's Compensation:** We may disclose your child's health information as necessary to comply with worker's compensation laws.
17. **Change of Ownership:** In the event that this medical practice is sold or merged with another organization, your child's health information/record will become the property of the new owner, although you will maintain the right to request that copies of your child's health information be transferred to another physician or medical group.

B. When This Medical Practice May Not Use or Disclose Your Child's Health Information:

Except as described in the Notice of Privacy Practices, this medical practice will not use or disclose health information, which identifies your child without your written authorization. If you do authorize this medical practice to use or disclose your child's health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Child's Health Information Rights:

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your child's health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your child's health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account, to your work address or on a specified voice mail. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. **Right to Inspect and Copy:** You have the right to inspect and copy your child's health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want to access to and whether you want to inspect it or get a copy of it. However, we may charge you a reasonable fee for such request.

We may also deny your request under limited circumstances. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child, you will have a right to appeal or decision.

4. **Right to Amend or Supplement:** You have a right to request that we amend your child's health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete.

We are not required to change your child's health information, and we will provide you with information about this medical practices denial and how you can disagree with the denial. We may deny your request if you do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as it. You may also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. **Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your child's health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described the paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 15 (specialized government functions) of Section A of the Notice of Privacy Practices or disclosures for purposes of research or public health with exclude direct patient identifiers, or which are incident to a use or disclose otherwise permitted by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. **Right to a Paper Copy:** You have a right to a paper copy of the Notice of Privacy Practices, even if you have previously requested it. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed on this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices:

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posed in our reception area, and will offer you a copy at your appointment.

E. Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints filed with us must be made in writing and sent to the Office Manager:

Attention: Office Manager
 Address: 40124 U.S. Hwy. 27, Suit 207
 Davenport, FL 33837
 Phone: (863) 421-1855