



PEDIATRICS

Newborn, Child and Adolescent Care

"COMMITTED TO CARE FOR CHILDREN OF SWFL"

NOTICE OF PRIVACY POLICIES

At Island Coast Pediatrics, we are committed to treating and using protected or private health information about you and your children responsibly. This Notice of Privacy and Health Information Practices describes your rights and our responsibilities as they relate to your protected health information. This Notice was effective April 14, 2003 and was revised in June 2009. This notice applies to all protected health information as defined by federal regulations.

Your Health Information Rights

You have the right to:

- Obtain a paper copy of this notice of information upon request.
- Inspect a copy of your health record as provided in 45CFR 164.524 - there is normally a charge for more than one copy. Inspections of records are done at our Central Business Office.
- Amend your health records as provided in 45 CFR 164.528 - this must be requested in writing and be approved by a physician.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528 - this must be requested in writing and can not be faxed. It can be mailed to your home address or picked up at the Central Business Office.
- Request a restriction on certain uses and disclosures on your information as provided by 45 CFR 164.522 - this must be requested by signing the appropriate Limitations and Restrictions Form.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. This must also be requested by signing the appropriate form.

Our Responsibilities

Island Coast Pediatrics is required to:

- Maintain the privacy of your child's health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain.
- Abide by the terms of this notice.
- Notify you if we are unable to agree on a requested restrictions and limitations.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Changes of this nature will be printed in ongoing revisions to our Notice of Privacy Policy.
- We will not use or disclose your health information without your authorization, except as described in this notice.
- We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of Disclosure for Treatment, Payment, and Health Operations:

- **Treatment:** Information obtained by a nurse, physician, or other member of our staff will be recorded in your record and used to determine the course of treatment. Island Coast Pediatrics might also share your health information with other organizations to assist in coordinating the care you need, such as prescriptions, blood work, x-rays, or other diagnostic tests.
- **Payment:** Protected health information may be released to your insurance provider for the purpose of Island Coast Pediatrics receiving payment for providing you with needed healthcare services.
- **Regular Health Operations:** Members of our staff may use information in your health record to assess care.

Examples of Disclosure for Treatment, Payment, and Health Operations:

- **Business Associates:** We have contracts with business associates for various services. Your health information may be seen so they can perform the job we've asked them to do and/or bill you or your third-party payer for services rendered. To protect your health information, we require business associates must appropriately safeguard your private healthcare information.
- **Notifications:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your child's care. Unless you direct us to not do so, we may leave messages regarding your child's care on your home answering machine, send e-mails & text messages or send to your personal fax machine. In addition we may also send reminders by way of postcards, which might also disclose a certain amount of the healthcare information.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Your child's protected health records** may be released only after receiving a signed authorization from you, with the exception of those listed above involved in your child's treatments and care or payment issues involving your insurance carrier. You may revoke your permission to release protected health records at any time by signing a written authorization. Island Coast Pediatrics is not required to agree to your request if action has already been taken or if your authorization was obtained as a condition for obtaining insurance coverage and the law gives the insurer the right to contest a claim.

For More Information or to Report a Problem

If you have questions, comments or complaints, please contact our **Privacy Officer at (239) 768-2111**. You also have the right to file a complaint with the Dept. of Health & Human Services or Office of Civil Rights.

There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. Thank you for your cooperation and please feel free to contact us via our contact page at

www.IslandCoastPeds.com

Thank you for allowing us to serve you and your family.