

practice; not part of the health information which you would be permitted to inspect and obtain copy of, such as, psychotherapy notes; not created by our practice.

The right to request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. We are not required to agree to your request. In order to request a restriction you must make your request in writing to the Privacy Officer/Practice Manager at North Pinellas Children's Medical Center.

The right to receive an accounting of how and to whom your protected health information has been disclosed. Use of your health information as part of the routine patient care in our practice is not required to be documented. For example, the billing department using your information to file your insurance claim. To obtain an accounting of disclosures you must submit your request in writing to the Business Office, North Pinellas Children's Medical Center. All requests for an "accounting of disclosures" must state a time period, which may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we will charge for additional lists within the same 12-month period. We will notify you of the cost involved with additional requests and you may withdraw your request before you incur any costs.

The right to receive a printed copy of this notice. To obtain a copy of this notice, ask the patient service representative at the reception window.

Duty of North Pinellas Children's Medical Center

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer/Practice Manager
North Pinellas Children's Medical Center
31860 US Hwy 19 N
Palm Harbor, FL 34684

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. You can contact the Privacy Official/Practice Manager if you have any questions. You may also contact the Secretary of Health and Human Resources to file a complaint.

Effective Date

This notice is effective April 14, 2003.



Notice of Privacy Practices

31860 US Hwy 19 N
Palm Harbor, FL 34684
(727) 787-6335
Fax (727) 787-7691

10537 State Road 54
New Port Richey, FL 34655
(727) 376-8404
Fax (727) 376-8552

12780 Race Track Rd.
Suite 305
Tampa, FL 33626
(813) 891-6501
Fax (813) 891-6502

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. We might disclose your health information to a pharmacy when ordering a prescription for you. We may also disclose HRS/Immunization records to daycare facilities, public/private schools and colleges.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services provided, and the medical condition being treated. We may contact your health insurer to certify that you are eligible for benefits (and the range of benefits).

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of North Pinellas Children's Medical Center. For example, we may disclose your protected health information to visiting Medical School students. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign the patient's name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatments. We will share your protected health information with third party "business associates" that perform various activities of our practice. For example, we may use your medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, transcription, storage/copying services for our practice, and for other health plans to determine coverage.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting (such as reporting child abuse or neglect). We may have to respond to a court or administrative order, if you are involved in a law suit or similar proceedings (subpoena, discovery request or other lawful process).

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Release of Information to Family

Our practice may release your health information to family members involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter bring a child into the pediatric office for treatment of a cold. In this example, the baby sitter may have access to the child's medical information.

Military

Our practice may disclose your health information if you are a member of United States military forces and if required by the appropriate authorities.

Other uses and disclosures require your authorization.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision. We reserve the right to require annual updates to information and authorizations.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to call/leave appointment reminders.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Deceased Patients. We may release your health information to a medical examiner or coroner to identify a deceased person or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and Tissue Donation. We may release your health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate the donation and transplantation if you are an organ donor.

Individual Rights

You have certain rights under the federal privacy standards. These include:

The right to receive confidential communications concerning your medical condition and treatment. For example, you may request to be called at home, rather than at work (unless emergency situation).

The right to inspect and obtain a copy of your protected health information, not including psychotherapy notes. You must submit your request in writing to the Medical Records Coordinator at North Pinellas Children's Medical Center. We have forms available at the reception area. We will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or obtain a copy in certain circumstances (such as a court restraining order); however, you may request a review of our denial. Custodial and non-custodial birth parents have the same rights, unless we receive a copy of a signed/notarized court order directing us not to release the record.

The right to ask us to amend or submit corrections to your protected 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/Practice Manager at North Pinellas Children's Medical Center. You must provide a reason that supports your request for amendment. We will deny your request if you fail to submit the request (supporting reason) in writing.

We may deny your request if you ask for us to amend information that is in our opinion: accurate and complete; not part of the health information kept by or for the