



## **NOTICE OF PRIVACY PRACTICES**

**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 HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR CHILD'S PHI IS IMPORTANT TO US.**

### **OUR COMMITMENT TO YOUR PRIVACY**

South Tampa Pediatric Dentistry is dedicated to maintaining the privacy of your child's<sup>1</sup> protected health information (PHI). 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 PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

This Notice takes effect June 18, 2019, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF YOUR CHILD'S HEALTH INFORMATION**

We use and disclose health information about your child for treatment, payment, and healthcare operations. For example:

**Treatment.** We may use or disclose your child's PHI to a physician or other healthcare provider providing treatment to your child. For example, we may disclose your child's PHI as follows:

- To write a prescription, or we might disclose your child's PHI to a pharmacy when we order a prescription for your child.

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<sup>1</sup> All references to both "you" and "your child" shall refer to the patient only, when the patient is an emancipated minor or is of the age of majority.

- To treat or to assist others in the treatment of your child.
- To inform your child of potential treatment options or alternatives or programs.
- To other health care providers for purposes related to their treatment.

**Payment.** We may use and disclose your child's PHI to obtain payment for services we provide to your child. For example, we may disclose your child's PHI as follows:

- To contact your child's health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may 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 obtain payment from other third parties that may be responsible for such costs.
- To bill you directly for services and items.
- To other health care providers and entities to assist in their billing and collection efforts

**Healthcare Operations.** We may use and disclose your child's PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization.** In addition to our use of your child's PHI for treatment, payment or healthcare operations, you may give us written authorization to use your child's PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your child's PHI for any reason except those described in this Notice.

**To Your Family and Friends.** We must disclose your child's PHI to you, as described in the Patient Rights section of this Notice. We can release your child's PHI to a friend or family member that is involved in your child's dental care. For example, a babysitter or relative who is asked by a parent or guardian to bring their child to our office for treatment may have access to the child's PHI. We prefer to have written authorization from the parent or guardian for someone else to accompany the child, and may make reasonable attempts to obtain this authorization. For divorced or separated parents, each parent will have equal access to health information about their unemancipated child(ren), unless there is a court order to the contrary that is known to us.

**Persons Involved In Care.** We may use or disclose your child's PHI to notify, or assist in the notification of (including identifying or locating) a family member, your child's personal representative or another person responsible for your child's care, of your child's location, your child's general condition, or death. If your child is present, then prior to use or disclosure of your child's health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your child's incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your child's healthcare.

**Communications.** We may use or disclose your child's PHI when attempting to communicate or communicating with you (such as in voicemail messages, text messages, postcards, emails or letters).

## **SPECIAL USES AND DISCLOSURES OF YOUR CHILD'S**

## HEALTH INFORMATION

**Public Health Risks.** Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- preventing or controlling disease, injury or disability
- 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
- notifying individuals if a product or device they may be using has been recalled

**Health Oversight Activities.** Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, 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, compliance with civil rights laws and the health care system in general.

**Required by Law.** We may use or disclose your child's PHI when we are required to do so by law.

**Abuse or Neglect.** We may disclose your child's PHI to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child's PHI to the extent necessary to avert a serious threat to your child's health or safety or the health or safety of others.

**National Security/ Inmates or Individuals in Custody.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of PHI of inmate or patient under certain circumstances.

**Compliance.** We are required to disclose your child's PHI to the Secretary of the Department of Health and Human Services or his/her designee upon request to investigate our compliance with HIPAA or to you upon request as set forth below.

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

**Lawsuits and Similar Proceedings.** Our practice may use and disclose your child's PHI in response to a court or administrative order, if involved in a lawsuit or similar proceeding. We also may disclose your child's PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Workers' Compensation.** Our practice may release your child's PHI for workers' compensation and similar programs.

**Organ and Tissue Donation.** Our practice may release your child's PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if your child is an organ donor.

**Research.** Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your child's PHI is being used only for the research and (iii) the researcher will not remove any of your child's PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

## YOUR RIGHTS REGARDING YOUR CHILD'S PHI

**Access.** You have the right to look at or obtain copies of your child's PHI, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You may also request that your child's PHI be provided to another third party such as a dentist or physician.

You must make a request in writing to obtain access to your child's PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

**Disclosure Accounting.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's PHI for non-treatment, non-payment or non-operations purposes. Use of your child's PHI as part of the routine patient care in our practice is not required to be documented. We also will not provide an accounting of disclosures made to you about your child, or incident to a use or disclosure we are permitted to make as described above, or pursuant to an authorization. In order to obtain an accounting of disclosures, you must submit your request in writing to the individual listed at the end of this Notice. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Restriction.** You have the right to request that we limit the use and disclosure of your child's PHI for treatment, payment and health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's PHI to only certain individuals involved in your child's care or payment for care, such as family members or friends. You must make your request in writing to the practice. Under federal law, we must agree to your request and comply with your requested restrictions if:

- Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purpose of carrying out treatment); and,
- The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out of pocket in full.

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. In addition, we may cancel a restriction at any time as long as we notify you of the cancelation and continue to apply the restriction to information collected before the cancelation.

**Alternative Communication.** You have the right to request that we communicate with you about your child's PHI by alternative means or to alternative locations. Any such requests must be made in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment.** You have the right to request that we amend your child's PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**Electronic Notice.** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

**Authorization for Other Uses and Disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's PHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your child's privacy rights, or you disagree with a decision we made about access to your child's PHI or in response to a request you made to amend or restrict the use or disclosure of your child's PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your child's PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Privacy Officer:** Feline Demelien  
**Telephone:** (813) 874-0111  
**Fax:** (813) 876-4591  
**E-mail:** [appointments@tampapedo.com](mailto:appointments@tampapedo.com)  
**Address:** 3224 Henderson Blvd.  
Tampa, FL 33609