



## Notice Of Privacy Policies

As Required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about you or your child (as a patient of A Plus Pediatrics) may be used and disclosed. We are dedicated to maintaining the privacy of your and/or your child's protected health information. At each visit to our office, an encounter form with all of the necessary information that is used to diagnose and treat you/your child will be added to the patient's medical record. Also, a bill will be created that will be sent to your insurance company for reimbursement of services rendered. Phone calls are also added to your medical records.

We may disclose you/your child's Health Information in the Following Ways

- 1) For Treatment: including labs, prescriptions, consultations with other health care providers, communication with health professionals that contribute to your care, appointment reminders, review of other treatment options/alternatives, available health benefits/services, business associates (such as radiology, ER or labs who are also required to safeguard your information), evaluation and improvement of care and quality of care. We may release your information to family and friends whom you have indicated in writing as directly involved in your child's care.
- 2) For Payment: Eligibility status, insurance billing (includes disclosure of diagnosis, procedures and supplies used), other third parties documented as responsible for costs.
- 3) For Legally Authorized Entities: Public Health institutions, Health Oversight Agencies (investigations/audits), FDA, Organ procurement organizations, Law Enforcement agencies, legally approved and authorized research institutions, court orders lawsuits and subpoenas .
- 4) Other: Funeral directors, workers compensation, obtaining interpreters when necessary, education of health professionals.

A Plus Pediatrics is required by law to maintain your privacy and we will not use your protected health information, without your authorization, in ways not covered under this notice. We reserve the right to change our practices and make new provisions effective for all protected health information we maintain. We will post a copy of your current notice in our office and you may request a copy of our most current Notice of Privacy Policies at any time.

We do request that you keep us updated to any change to your contact information to ensure delivery to the correct address, phone number and email.

You have the right to: 1) Inspect and receive a copy of your health records. 2) Amend your/your child's health records if you believe it is incorrect or incomplete (in keeping with. 3) Obtain an accounting of disclosures of the health records. 4) Request a restriction or revocation of health information records.

Please make requests in writing to our Privacy Officer, if you have any questions the privacy officer may be contacted by calling our office at (352) 557-4965.

If you believe your privacy rights have been violated, you can file a complaint with our privacy officer and/or with the Office for Civil Rights/ US department of Health and Human Services at:

200 Independence Ave, S.W.  
Room 509f, HHH Building  
Washington D.C. 20201