

ALLSTAR PEDIATRICS, INC.

INFANTS, CHILDREN, TEENS

4995 49th Street North
(727) 525-7852

St. Petersburg, FL 33709-5901
Fax: (727) 527-0548

Stephen B. Karges, M.D.
Diplomate American Board of Pediatrics
Fellow of American Academy of Pediatrics

Meri K. Nakajima, P.A.-C
Pediatric Physician's Assistant - Certified

Maurice S. Brazil, A.R.N.P.
Pediatric Advanced Registered Nurse Practitioner

Kimberly A. Strickland, A.R.N.P.
Pediatric Advanced Registered Nurse Practitioner

Notice of Privacy Practices

This notice describes how medical information about you can be used or released and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact our Business Manager, who is our Privacy Contact.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at any time. We will provide you with any revised Notice of Privacy Practices upon your request by mail or at the time of your next appointment.

Routine uses and disclosures of your medical information.

Below are routine ways we can use and release your medical information. These examples do not include every possible situation.

For Treatment. We may use your medical information to provide and coordinate your treatment or services. Your medical information will be shared with the health care professionals that provide your treatment or services. For example, your protected health information to include x-rays or lab work, may be provided to a physician to whom you have been referred (e.g. dietician or cardiologist or orthopaedic surgeon) to ensure that the physician has the necessary information to diagnose or treat you.

For Payment. We may use and release your medical information to bill and collect payment for the services we provide. We may bill you, an insurance company or a third party. In addition, your health plan may request your medical information to provide prior approval for the services we will provide to you. We may also share your medical information to verify your health benefits.

For Health Care Operations. We may use and release your medical information in order to support the business activities of our practice. These activities include, but are not limited to quality assessment and improvement, development of clinical guidelines, case management and care coordination, and education. For example, your medical information may be shared with medical students that see patients at our office. In addition, we use a sign-in sheet at the registration desk where you will be asked to sign your name. We will also call you by name in the waiting room upon check-in. We may use or disclose your protected health information to contact you to remind you of an appointment.

There are some services we may provide through contacts with our business associates that perform various activities (e.g. billing). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains the terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information to provide you with information about health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

Uses and disclosures of protected health information based upon your written authorization.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other uses and disclosures of your medical information.

Below are ways we may use and release your medical information without your permission. Sometimes you may not have an opportunity to tell us your wishes. Using our professional judgment, we may determine whether the disclosure is in your best interest. If this happens, only medical information that is relevant to your health care will be released.

Individuals involved in your care. We may release your medical information to a friend or family member who is involved in your medical care. We may also release your medical information to disaster relief authorities so that your family can be notified of your location and condition. If you do not wish to have your medical information shared with a friend or family member involved in your medical care, notify our Privacy Officer in writing.

Emergencies. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers. We may use and disclose your protected health information if your physician or another provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to its use or disclosure under the circumstances.

How we are required by law to use and release protected health information without your written permission.

There are times when we are required to use or release your medical information without your written permission. Based upon certain requirements, we may give out your medical information when required by federal, state, or local law, such as for law enforcement purposes, public health purposes, suspected abuse or neglect reporting, health oversight audits or inspections, funeral arrangement, organ donation, worker's compensation purposes, and emergencies.

Other uses of protected health information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or release medical information about you, you may revoke that permission, in writing, at any time. If you cancel your permission, we will no longer use or release medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of that care that we provided to you.

For reasons not mentioned in this notice, we will ask for your written authorization to use or release your medical information. You can cancel this authorization at any time in writing. However, this authorization will not apply where your physician has already used or released your medical information as allowed.

Your privacy rights.

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. **Right to Inspect and Copy** You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. You can receive this information by submitting a written request to our Business Manager. If you request copies, we will charge a fee for the cost of copying, mailing or other related supplies.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

Right to Amend If you feel that any information contained in your designated record set is incorrect or incomplete, you may ask us to revise our records. To be considered, your request must be made in writing and submitted to our Business Manager. In addition, you must provide a reason that supports your request. We are allowed to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to revise information that was not created by us, is not part of the medical information maintained by us, is not part of the information which you would be permitted to inspect and copy, or is accurate and complete. If we deny your request, you can appeal our decision, in writing.

Right to an Accounting of Disclosures You have the right to a list of those instances where we have disclosed your medical information. This list will not include any releases we made for treatment, payment, and/or health care operation purposes. Also, this accounting will not include any release: (i) made directly to you, (ii) that you have authorized, (iii) to family members or friends involved in your care, (iv) for a directory, (v) for national security or law enforcement purposes, (vi) that was incidental, or (vii) made prior to April 14, 2003. To request this list, you must submit your request in writing to our Business Manager. Your request must state a time period which may be no longer than six years and may not include dates before April 14, 2003. Your first list in any given 12-month period is free. We may charge for any additional lists according to our cost of producing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions If allowed by law, you may have the right to request a restriction or limitation on how we use or release your medical information. This right applies to uses and releases of your medical information for treatment, payment or health care operation purposes. You may also request that part of your information not be disclosed to family or friends involved in your care. We will review all requests but are not legally required to honor them. To request restrictions, you must make your request in writing to our Business Manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, release, or both, and (3) to whom this limitation applies. Your request must be signed.

Right to Request Confidential Communication You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. To request confidential communications, you must make your request in writing to the Business Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive a Paper Copy of this Notice, upon request, even if you have agreed to accept this notice electronically. To exercise this right please notify our Business Manager in writing. There will be a nominal fee for the cost of duplication.

Special section for minors and persons with guardians.

This notice also applies to minors and certain disabled adults. They enjoy the same basic privacy protections for their health information. However, because by law they usually cannot make health care decisions for themselves, a parent or guardian can make decisions on their behalf. Therefore, parents or guardians can authorize the use and release of the medical information. Parents or guardians may also hold all rights listed in this notice including the right to inspect and copy and the right to amend.

There are specific situations defined by law where minors can make independent health decisions without parental or guardian knowledge or consent. It is important to note in these situations that the minor may be the only one to authorize the use and release of health information and may hold all rights listed in this notice with respect to the independent health care decision. However, if the minor chooses to inform the parent or guardian and obtains parental or guardian consent for the independent health care decision, then all of the privacy rights regarding the health information may transfer to the parent or guardian. There are also certain situations where access, use and/or release of a minor's health information may occur without the consent of the parent or guardian. These situations are usually when the health or safety of the minor is in danger and health information is necessary to appropriately protect the minor.

Complaints.

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer/Business Manager in writing. You may also send a written complaint to the Secretary of the Department of Health and Human Services. Under no circumstances will you be penalized for filing a complaint.

How to contact us.

If you have any questions about this notice, please contact our Privacy Officer at (727) 525-7852.