

HIPPA Privacy Notice

Beachside Pediatric Associates

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Beachside Pediatric Associates, P.A.

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saving lives - making a difference

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Keeping detailed patient records is a critical part of practicing good medicine. During every patient encounter we collect and record a wide variety of information: symptoms, test results, diagnoses, billing data, and more. The law requires us to generally keep this information private and to inform you about how we keep this information private; that is the purpose of this notice. We are required by law to abide by the privacy policy currently in effect and to notify you when changes are made to it. Copies are available at our front desk and on our website, www.beachsidepedcs.com.

Primary ways we use or disclose patient information

We are permitted to use internally and to disclose to third parties' patient information when it is for the purposes of treatment, payment, or health care operations. We may use or disclose information for these purposes without additional permission from you.

- **Treatment** - Our staff will use patient information to provide care. We will also disclose information to other medical professionals and organizations providing care to our patients, such as pharmacists, specialists, and hospitals.
- **Payment** - We use patient information to obtain payment for services rendered to our patients; for example, to confirm health plan eligibility or to bill insurance providers.
- **Health Care Operations** - We use patient information to help run our office. This includes reviewing records to assess overall quality of care, using case files for training purposes with our staff, and providing records to licensing bureaus to maintain accreditation. We may also disclose patient information to business associates that assist in the operation of our practice, such as the company that maintains our electronic medical records (EMR) system. Any such business associates must provide us written assurance that they will keep your information confidential.

Additional reasons for us to disclose patient information

There are a few additional cases in which we are permitted to disclose patient information without your permission.

- **Contacting you** - We may, at our discretion, provide information to you in the form of appointment reminders, suggestions for additional health care services, or similar contacts.
- **Public health purposes** - These include actions such as reporting certain communicable diseases to the health department or other government agencies, notifying individuals of possible exposure to contagion, and reporting adverse reactions to medication, among others. This also includes responding to audits or other requests from government healthcare programs such as Medicaid.
- **Threats to health or safety** - We may disclose information to prevent serious threats to health or safety. This includes reporting suspected abuse and/or neglect to the appropriate authorities.

- **Law enforcement purposes** - We will disclose information when required by a warrant or subpoena, when someone has reported a crime committed on our premises, or in similar circumstances.
- **Death of a patient** - We may disclose information to coroners, medical examiners, funeral directors and organ and tissue donation services as needed.
- Other uses required by law.

Other disclosures of patient information

Other uses of patient records require advance written permission from the patient or legal guardian, as appropriate. This permission may be withdrawn at any time; such withdrawal must also be in writing. We will not be able to take back disclosures made prior to such a withdrawal. Also, you may not withdraw permission if it was a requirement of obtaining insurance coverage.

Patient rights to their own medical information

Patients (or their legal guardians, as appropriate) are entitled to several rights regarding their own medical information. These include:

- **Requesting disclosure restrictions** - You may request restrictions on uses and disclosures of your records for treatment, payment, and health care operations purposes. Such requests must be made in writing. The law does not require us to agree to these requests. The right to request restrictions does not apply to use or disclosure required by law or when necessary to provide emergency treatment.
- **Requesting confidential communications** - You may request that we provide information to you in a certain way or at a certain place. Such requests must be made in writing. If the request is accepted, you will need to provide information about details such as payment handling and contact method.
- **Inspection of your information** - You may request access to information used to make decisions about you, for the purposes of inspecting such information and making copies. The law permits us to charge a fee for copying costs. This right does not include clinical laboratory data, records from other health care organizations, or information that is being compiled in anticipation of a civil, criminal, or administrative action or proceeding.
- **Accounting of disclosures** - You may request a list of certain instances in which your records have been disclosed. The list will not include disclosures that have been explicitly authorized, nor those related to treatment, payment, or health care operations.
- **Amending your information** - You may request that we amend certain information used to make decisions about you. Such request must be in writing and must include a reason for the request. We are not required to agree to your request. We may deny your request if the information in question is not complete and accurate, if we did not initially create the record, or if it is information that is not included in your right to inspection (listed above).
- **Obtaining a paper copy of this privacy notice upon request.**

Exercising your rights, obtaining more information, or filing a complaint

To exercise any right listed in this document, to obtain more information about those rights, or file a complaint regarding a possible privacy policy violation, please contact our office administrator. You may also file complaints with the Secretary of the Department of Health and Human Services. Beachside Pediatric Associates, PA will in no way retaliate against you for any such action.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as for any information we receive in the future. A copy of the current notice will be posted at the front desk. If we change the notice, you will get a new copy of it the next time you are provided medical care in our office.