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We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future.

If you have questions or requests regarding this Notice, please contact MedPeds in writing:

MedPeds Associates of Sarasota, P.A.
1931 S. Tuttle Ave.
Sarasota, FL 34239
ATTN: HIPAA Compliance Officer

Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

We are required by law to maintain the confidentiality of health information that identifies you. We are also 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 PHI (Protected Health Information). Our practice may use your PHI to treat you.

Treatment: Many of the people who work for our practice including, but not limited to, our doctors and nurses, may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment: Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Healthcare Operations: Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their

health care operations. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Appointment reminders: Our practice may use and disclose your PHI to contact you and remind you of an appointment.

Release of information to family/friends: Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

Disclosures required by law: Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

Authorities: Our practice may disclose your 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. Reporting child abuse or neglect, 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, notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information, notifying your employer under limited circumstances related primarily to workplace injury Disclosure, or both, and to whom you want the limits to apply.

Inspection and copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not

including psychotherapy notes. You must submit your request in writing to MedPeds Associates in order to inspect and/or obtain a copy of your PHI. Our practice charges a fee for the costs of copying, mailing, labor and supplies associated with your request to inspect and/or copy. We have the right to deny release of medical records in certain situations, such as: Endangerment of life or physical safety or possibility of substantial harm to the subject of PHI. However, you may request a review of our denial.

Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to MedPeds Associates. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, 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 a copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of disclosures: 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 PHI for purposes not related to treatment, payment or operations for dates after April 14, 2003. Our practice will notify you of the costs involved with any requests, and you may withdraw your request before you incur any costs.

or illness or medical surveillance. Our practice may disclose your 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. Our practice may use and disclose your PHI in response to a court or administrative order, if your care involved a lawsuit or similar proceeding. We also may disclose your 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. We may release PHI if asked to do so by a law enforcement official regarding a crime victim or concerning a death we believe has resulted from criminal conduct. PHI may also be released in response to a warrant, summons, court order, subpoena or similar legal process to identify/locate a suspect, material witness, fugitive or missing person, or in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identify or location of the perpetrator). Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities or for other matters involving national security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to you. (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Serious threats to health or safety: Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health

and safety or the health and safety of another individual or the public or for the protection of our own staff. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Worker's compensation: Our practice may release your PHI for workers' compensation and similar programs.

You have the following rights regarding the PHI that we maintain about you:

Confidential communications: You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request this type of confidential communication, you must make a written request to MedPeds Associates specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request

Requesting restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. Your request for restriction must describe in a clear and concise fashion: The information you wish restricted, whether you are requesting to limit our practice's use.