

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2025



*Almouie Pediatrics
es una práctica afiliada a la Pediatric
Associates Family of Companies.*

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW CAREFULLY.

This notice applies to certain entities that are part of Pediatric Associates Family of Companies (collectively, "Practice"). For a complete list of the entities subject to this Notice of Privacy Practices ("Notice"), please contact the Practice Privacy Officer using the contact information at the end of this Notice. Where this Notice refers to "you", it should generally be understood to refer to the Practice patient.

The Practice is required by law to maintain the privacy of Protected Health Information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to PHI and notify affected individuals following a breach of unsecured PHI. PHI generally is information that identifies the individual subject of the PHI and is related to the individual's health, condition, or payment for health care services.

The Practice will comply with the terms of this Notice that is currently in effect. However, we reserve the right to make changes to this Notice and to make such changes effective for all PHI, including your PHI, which the Practice may already have. If a material change is made to this Notice, we will post the revised Notice at our Practice locations, on the Practice website, and will provide the Notice upon request.

YOUR RIGHTS

You have the following rights regarding your PHI. To exercise any of these rights, please contact the Practice Manager by calling your Practice location.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your PHI to carry out treatment, payment, or health care operations. You may also ask that the Practice to limit the information we give to someone, who is involved in your care, such as a family or friend. Please note that the Practice is not required to agree to your request (unless otherwise required by law) except where you have paid for an item or service in full out-of-pocket and request that the Practice to not disclose information about that item or service to your health plan. If the Practice agrees, we will honor your limits unless it is an emergency situation.

Right to Receive Confidential Communications or Communications by Alternative Means or at an Alternative Location. You have the right to request that the Practice communicate with you by another means or at a different address. For example, you may request that we contact you at home rather than at work. Your request must be made in writing and include information on how payment, if any, will be handled and specify an alternative address or method of contact. We will accommodate all such reasonable requests.

Right to Inspect and Copy. You have the right to request to inspect and receive a copy of your PHI that the Practice or its business associates maintain in a designated record set. Your request must be made in writing. We may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations, the Practice may deny your request, in whole or in part, and will tell you why we are denying it. You may have the right to ask for a review of our denial.

Right to Amend. You have the right to request that the Practice amend your PHI that is maintained in a designated record set if you believe the information is incorrect or incomplete. Your request must be made in writing and include a detailed description of what information you seek to amend and the reasons that support

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2025

your request. We may deny your request, in whole or in part, in certain situations. We will notify you in writing as to whether we accept or deny your request for an amendment.

Right to Receive an Accounting of Disclosures. You have the right to request an “accounting” or a list of certain disclosures of your PHI. The accounting includes information on when the Practice disclosed your PHI and to whom the disclosures were made. The accounting does not include disclosures for treatment, payment, and health care operations; disclosures made to or authorized by you/legal guardian; and certain other disclosures. Your request for an accounting of disclosures must be made in writing. You may request an accounting of disclosures made up to six years before the date of your request. You may receive one such accounting per year at no charge. We will typically reply to your request within 60 days of when the Practice receive it. If you request another accounting of disclosures during the same 12-month period, we may charge you a reasonable fee and we will notify you of the cost involved before processing the accounting.

Right to Request a Paper Copy of this Notice. You have a right to request a paper copy of this Notice at any time.

OUR USES AND DISCLOSURES

The following categories describe different ways in which the Practice may use or disclose PHI. The examples provided under the categories below are not intended to be comprehensive, but instead, to identify some of the more common types of uses and disclosures of PHI within the category.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

The Practice may use and disclose PHI for treatment, payment and health care operations activities, as described more fully below. We are not required to obtain the patient/legal guardian’s authorization for these activities.

Your Treatment. The Practice may use or disclose PHI to provide medical treatment or services. For example, we may share PHI with another doctor or specialist to consult on your care.

Payment for Services. The Practice may use or disclose PHI to obtain payment for the services we have provided. For example, we may use and disclose PHI to bill a health insurer for your medical treatment.

Healthcare Operations. The Practice may use and disclose PHI for activities necessary to support our business, such as, but not limited to, enhancing quality of care. The Practice may use artificial intelligence (AI) tools to assist with certain administrative and clinical functions. These tools may support tasks such as appointment scheduling, billing, insurance verification, documentation review, and scribing of the office visit. AI is used under the supervision of our clinicians and trained staff to enhance accuracy, streamline operations, and improve your overall patient experience.

Other Permitted Uses and Disclosures Without Authorization

The Practice also may use and/or disclose PHI **without** your/the legal guardian’s authorization for the following purposes:

When Required by Law. This includes for judicial and administrative proceedings pursuant to court or administrative order or to report information related to victims of abuse, neglect, or domestic violence where required by law to do so.

For Health and Safety Purposes. This includes to avert a serious threat to the health or safety of you or any other person; to an authorized public health authority or individual to perform public health and safety activities, such as preventing or controlling disease, injury, or disability or to report vital statistics such as birth

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2025

or death; or to meet the reporting and tracking requirements of governmental agencies, such as the Food and Drug Administration.

For Law Enforcement, Specialized Government, or Regulatory Functions. This includes for intelligence, national security activities, security clearance activities and protection of public officials, and to health oversight agencies for audits, examinations, investigations, inspections, and licensures.

For Licensing and Accreditation. This includes disclosures to organized committees and agents of professional societies, staffs of licensed health care providers, professional standards review organizations, independent medical review organizations, or peer review organizations in order to review the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges.

For Lawsuits, Disputes, and Other Legal Actions. This includes in connection with lawsuits or other legal proceedings, in response to a court or administrative order, or in response to a subpoena, warrant, summons, or other lawful process when certain requirements are met.

For Active Members of the Military and Veterans. This includes to comply with the laws and regulations governing military services and veterans' affairs.

To Correctional Facilities. If you are an inmate in a correctional facility, for certain purposes, such as providing health care to you or protecting your health and safety or that of others.

For Workers' Compensation. This includes to comply with the laws which provide benefits for work-related illnesses or injuries.

In Emergency Situations. This includes to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster.

To Others Involved in Your Care. This includes under limited circumstances, to a member of your family, a relative, a close friend, or other person you identify who is directly involved in your health care or payment of bills related to your health care; or, if you are seriously injured and unable to make a health care decision for yourself, we may disclose your PHI to a family member if we determine that disclosure is in your best interest. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.

To Personal Representatives. This includes disclosures of PHI to people you have authorized to act on your behalf, or people who have a legal right to act on your behalf, such as parents for unemancipated minors and individuals who have Power of Attorney for adults.

For Research Purposes. This includes for research purposes to the extent that certain safeguards required by law are in place to protect your privacy.

For Deceased Individuals. If you pass away, to coroners, medical examiners, and funeral directors so those professionals may perform their duties.

For Organ, Eye and Tissue Donation. If you are an organ donor, to an organ or procurement organization to facilitate an organ, eye, or tissue donation and transplantation.

This Notice is intended to address compliance with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). In certain cases, however, other federal and state laws impose additional requirements or limitations on the use and disclosure of health information. For example, additional protection may

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2025

be required under applicable law for information related to mental health, HIV/AIDS, reproductive health, genetics, or substance use disorders. The Practice will follow the more stringent and protective law, where applicable. For example, The Practice will not use or disclose certain records from a federally assisted substance use disorder program in legal proceedings against you without written consent or a court order after notice and an opportunity to be heard is provided.

The Practice will also not use or disclose your health information for criminal, civil or administrative investigations or to impose criminal, civil or administrative liability on a person for seeking, obtaining, providing or facilitating lawful reproductive health care, or to identify any person for such a purpose. For example, if you obtain lawful reproductive health care services in one state, the Practice will not disclose information about those services to law enforcement in another state for their investigation of those services.

The Practice will disclose your health information potentially related to reproductive health care to certain health authorities, law enforcement, coroners or medical examiners, or in lawsuits and administrative proceedings, only if an attestation is obtained confirming the information is not intended to be used or disclosed to investigate, impose liability on, or identify a person seeking, obtaining, providing or facilitating lawful reproductive health care. For example, we will disclose reproductive health information to law enforcement only once such an attestation is obtained.

Once your health information has been disclosed, it could be redisclosed by the recipient and no longer protected by privacy laws.

Any Other Uses and Disclosures Require Express Authorization

For any other uses and disclosures of PHI not described in this Notice, including certain marketing activities or for the sale of PHI, The Practice will first obtain your/the legal guardian's written authorization. You may revoke your/the legal guardian's authorization, in writing, at any time. If you revoke your/the legal guardian's authorization, The Practice will no longer use or disclose PHI except to the extent The Practice have taken action in reliance on your/the legal guardian's authorization.

COMPLAINTS

If you feel your privacy rights have been violated, you have the right to file a complaint with The Practice and/or the Secretary of the Department of Health and Human Services. To file a complaint with The Practice, please contact the Privacy Officer using the contact information provided at the end of this Notice. The Practice will not retaliate against you for filing a complaint.

CONTACT US

If you want to exercise any of the rights described above or to file a complaint, please contact the Practice Privacy Officer. You may also contact the Practice Privacy Officer if you have questions about this Notice or would like additional information about our privacy Practices.

April Andrews-Singh, Chief Privacy Officer

900 S. Pine Road, Suite 800 Plantation, FL 33324

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