

PRIVACY PRACTICES

South Tampa Kids Pediatric Care values that all medical information remains confidential, and we are committed to protecting your personal information. It is required by law to protect your health information, and we reserve the right to make revisions in this notice. If there is a breach in privacy protection, by law, you will be notified immediately. Upon release of any protected health information, you will be required to sign an authorization form. Please note, only information that is necessary to achieve a desirable purpose will be disclosed. There are instances where protected health information is required to be accessible, by law. See below. We do not use, or sell any personal information for marketing purposes. How will your protected health information (PHI) be used?

1. Your PHI may be used and/or disclosed in order to bill and collect payment for health care services, or treatment(s). South Tampa Kids Pediatric Care does not have control over the data transmitted through cellular carriers or internet connections to facilitate virtual visits and coordinate care. As a concierge style service, please understand all forms of communication will be used to help guide the best care.
2. Your PHI may be used and/or disclosed to doctors, nurses, and other health care personnel who are involved in providing your healthcare.
3. Your PHI may be used and/or disclosed in the event an audit and/or investigation is conducted (i.e. attorney's | accountants, law enforcement, abuse/neglect instances, mental health, medical examiner, and for the Department of Children and Families).
4. Your PHI may be used and/or disclosed in the event that a reportable health condition is present.
5. Your PHI may be used and/or disclosed to a guardian, family member, or individual responsible for payment of services.

If you wish to receive a paper copy of this Notice, please request at our facility, and/or an electronic copy is available from our website (www.stkcare.com).

Questions and/or Concerns:

If you want more information about our privacy practices or have questions about our privacy notice, we encourage you to contact us at 813-801-5437. If you think your privacy rights were violated, you may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights' Region IV office.

SIGNATURE

X	
Signature of Parent Guardian Responsible Party	Date Signed