A black and white logo with a stroller

AI-generated content may be incorrect.1801 S 23rd St Suite 3

Ft. Pierce, FL 34950

Phone: (772) 466-2045 Fax: (772) 466-8646

[www.mykidsmds.com](http://www.mykidsmds.com)

**HIPAA NOTICE OF PRIVACY PRACTICES 2025**

**Notice of Privacy Practices**

This Notice describes how medical information about you may be used and disclosed, how you can get access to this medical information, your rights concerning your individually identifiable health information (IIHI), and where you can receive additional information regarding this Notice. **Please review it carefully.**

**Health Care Regulation**

Nurture Kids Pediatrics may use your health information, that is, information that constitutes protected health information (PHI), defined as any individually identifiable health information (IIHI) that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium by the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, modifications made in January 2013 by the Health Information Technology for Economic and Clinical Health Act (HITECH) and the Genetic Information Nondiscrimination Act (GINA) of 2008 for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Nurture Kids Pediatrics has established a policy to guard against unnecessary disclosure of your health information.

The **HITECH Act** strengthens and expands enforcement of HIPAA by expanding your rights to access your PHI including access by electronic methods; to restrict disclosures of PHI to health plans; requires our business associates to comply with HIPAA and noted amendments; establishes new limitations on the use and disclosure of PHI for marketing and fundraising by Nurture Kids Pediatrics; and prohibits the sale of your PHI without your authorization.

**GINA** is an act that prohibits discrimination on the basis of genetic information. It prohibits group health plans and health insurers from denying coverage to healthy patients or charging those patients higher premiums based solely on a genetic predisposition to developing a disease in the future. Genetic information is defined as information about you or your family member’s genetic tests, family medical history or requests for, and receipt of, genetic services by you or a family member. Our practice will only provide health insurers what is minimally required to approve payment for services.

**The Florida Information Protection Act**, 2014 (FIPA) requires that we protect and secure data containing personal information (PI) in electronic form and requires notification of data security breaches within 30 days of discovery. PI includes the first initial, first name and last name in combination with any of the following: passport number, PHI or medical information, health insurance policy number, subscriber ID or any unique identifier; user name or email address with a password or security question; SSN, drivers’ license, credit or debit card account numbers. The Attorney General will be notified if 500 patients or more are affected.

**YOUR RIGHTS**

**GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD**

* You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You or your representative has a right to access your PHI electronically using [www.mykidsmds.com](http://www.mykidsmds.com). Our Patient Portal allows you or your representative to view your health information, current medications and test results; review and print immunization records; review past and upcoming appointments or make and cancel appointments; and notify us of changes to your address or insurance.
* We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**ASK US TO CORRECT YOUR MEDICAL RECORD**

* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**REQUEST CONFIDENTIAL COMMUNICATIONS**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests.

**ASK US TO LIMIT WHAT WE USE OR SHARE**

* You can ask us NOT to use or share certain health information for treatment, payment, or our operations
  + We are not required to agree to your request, and we may say “no” if it would affect your care.
* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  + We will say “yes” unless a law requires us to share that information.

**GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION**

* You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
* We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**GET A COPY OF THIS PRIVACY NOTICE**

* You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**CHOOSE SOMEONE TO ACT FOR YOU**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED**

* You can complain if you feel we have violated your rights by contacting us.
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
* We will not retaliate against you for filing a complaint.

**RIGHT TO RESTRICT DISCLOSURES TO HEALTH PLANS FOR TREATMENT PAID OUT OF POCKET IN FULL**

* In compliance with HIPAA, you can elect to restrict disclosure of PHI to health plans for any treatment received by a provider that has been paid in full; that is, no portion of the service provided was paid for by the health insurer.

**RIGHT TO RESTRICT DISCLOSURE OF YOUR IMMUNIZATION RECORDS TO YOUR SCHOOL**

* If you request, we will send your immunization records to your school. You or your representative has a right to restrict disclosure of these records.

**RIGHT TO RESTRICT DISCLOSURE OF YOUR PHI IN THE EVENT OF YOUR DEATH**

* You or your representative has a right to restrict release of your decedent information to your family members or others in the event of your death.

**RIGHT TO BE NOTIFIED IN THE EVENT OF A BREACH OF YOUR PHI OR PI**

* You or your representative has a right to be notified of a material breach of PHI or Personal Information (PI) made by us or by a business associate. Once the breach is confirmed, you or your representative will be notified by phone if it requires urgency, by written notification by first-class mail to the address on file, to the Secretary of Health and Human Services (HHS) and via press release to the Media if required by HHS requirements. We will also notify the Florida Attorney General if PI was disclosed. Depending on the PHI or PI that was breached, we will work with you to further protect you IIHI

**YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

* Share information with your family, close friends, or others involved in your care
* Share information in a disaster relief situation
* Include your information in a hospital directory

*If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety*

**In these cases we never share your information unless you give us written permission:**

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy notes

**In the case of fundraising:**

* We may contact you for fundraising efforts, but you can tell us not to contact you again.

**OUR USES AND DISCLOSURES**

We typically use or share your health information in the following ways.

|  |  |
| --- | --- |
| Treat you | * We can use your health information and share with other professionals who are treating you. We may disclose your health care information to individuals outside our practice who are involved in you care including family members, pharmacists, suppliers of medical equipment or other health care professionals. |
| Run Our Organization | * We can use and share your health information to run our practice, improve your care, and contact you when necessary. * We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care with us. * Quality assessment, protocol development, case management and care coordination. * Staff training * Accreditation, certification, licensing or credentialing activities * Business management, general administrative activities, and marketing activities |
| Bill for your services | * We can use and share your health information to bill and get payment from health plans or other entities. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you. |
| For Treatment Alternatives | * We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. |
| To Coroners and Medical Examiners | * We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. |
| To Funeral Directors | * We may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your health information prior to, and in reasonable anticipation of your death. |
| For Organ, Eye or Tissue Donation | * We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation. |

**How else can we use or share your health information?** We are allowed or required to share you information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumerrs/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumerrs/index.html).

|  |  |
| --- | --- |
| Help with public health and safety issues | * We can share health information about you for certain situations such as: * Preventing or controlling disease, injury or disability, report disease, injury, vital events such as birth or death and to conduct public health surveillance, investigations and interventions * Helping with product recalls * Reporting adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration * Notifying a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease * Reporting suspected abuse, neglect, or domestic violence. We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure. * Preventing or reducing a serious threat to anyone’s health or safety * To an employer about an individual who is a member of the workforce as legally required |
| Do research | * We can use or share your information for health research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. |
| Conduct Health Oversight Activities | * We may disclose your health information to a health oversight agency for activities including: audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. We, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits. |
| Comply with the law | * We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. |
| Respond to organ and tissue donation requests | * We can share health information about you with organ procurement organizations |
| Address workers’ compensation, law enforcement, and other government | * We can use or share health information about you:   - For workers’ compensation claims  - For law enforcement purposes or with a law enforcement official  - With health oversight agencies for activities authorized by law  - For special government functions such as military, national security, and  presidential protective services |
| For Specified Government Functions | * In certain circumstances, the Federal regulations authorize us to use or disclose you health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody. |
| Respond to lawsuits and legal actions | * We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

**For Provider-Patient Communications**

With your consent, we will communicate with you via telephone, text messaging, and email regarding appointments or other healthcare reminders. If you elect to opt out, you will need to contact us.

**OUR USES AND DISCLOSURES ONLY IF YOU PROVIDE AUTHORIZATION**

|  |  |
| --- | --- |
| Authorization to Use or Disclose Health Information | * Other than stated previously, we will not disclose your health information other than with your written authorization. If you or your representative authorizes us to use or disclose your health information, you will need to fill out the request form. |

**SMS Terms of Service**  
By opting into SMS from a web form or other medium, you are agreeing to receive SMS messages from NURTURE KIDS PEDIATRICS. This includes SMS messages for appointment scheduling, appointment reminders, post-visit instructions, lab notifications, and billing notifications. Message frequency varies. Message and data rates may apply. See privacy policy at <https://www.mykidsmds.com/_files/ugd/1d21af_fa979f4dc93b4053a3e8d16d911b06b1.pdf>.

Message HELP for help. Reply STOP to any message to opt out.

**OUR RESPONSIBILITIES**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other that as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**This Notice of Privacy Practices applies to the following organizations.**

*Nurture Kids Pediatrics*

*1801 South 23rd Street Suite 3*

*Fort Pierce, FL 34950*

*Phone: (772) 466-2045 Fax: (772) 466-8646*

[*www.mykidsmds.com*](http://www.mykidsmds.com)