



Pediatric Health Care Alliance, P.A.
Notice of Privacy Practices
Updated: February 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our Commitment to Your Privacy- Pediatric Health Care Alliance, P.A. (“PHCA”, “we,” “us”) is committed to protecting the privacy and security of your/your child’s medical information. We create and maintain records about the care and services we provide. We are required by law to keep this information confidential, to give you this Notice explaining our privacy practices and legal duties, and to tell you if a breach occurs that may have compromised the privacy or security of your/your child’s information.

This Notice applies to all records we create or maintain. All PHCA workforce members, professionals, trainees, volunteers, and business associates must follow it. We will post the current Notice in our offices and on our website. We may change this Notice; changes apply to all records we have and will create. You may request a current copy at any time.

B. Questions or Requests- How to Contact Us- For questions, requests, or to exercise your rights, contact the **Site Manager** at the office where you/your child is seen or our **Privacy Officer**:

- **Phone:** (813) 854-2003 **Email:** privacy@pedialliance.com
- **Mail:** Privacy Officer, Pediatric Health Care Alliance, P.A., P.O. Box 1068, Oldsmar, FL 34677

C. How We May Use and Disclose Medical Information Without Your Written Authorization- We use and share medical information for the following purposes, as permitted by law:

1. **Treatment-** To provide, coordinate, or manage health care and related services. For example, we may share information with other providers, laboratories, pharmacies, and hospitals involved in your/your child’s care.
2. **Payment-** To bill and collect for services, verify benefits, obtain prior authorizations, or manage claims with health plans or responsible parties.
3. **Health Care Operations-** For quality assessment and improvement, patient safety activities, training, accreditation, licensing, audits, and business management.
4. **Health Information Exchanges (HIEs)-** We may participate in HIEs to securely share health information with other treating providers to support timely, coordinated care. We will follow any consent or opt-out requirements that apply under state law.
5. **Appointment Reminders, Care Alternatives, and Health-Related Benefits/Services-** To contact you about follow-up care, programs, or services that may benefit your/your child’s health.
6. **Electronic Communications-** Unsecure email or text can carry security risks (e.g., misdirection or interception). If you choose to communicate with us by unsecure methods, you accept those risks. Secure options are available.

D. Other Uses and Disclosures Permitted or Required by Law (No Authorization Needed)- We may use or disclose information as allowed or required by federal or Florida law, including:

- **Public Health & Safety-** For disease prevention/control; reporting adverse events, product problems/recalls; reporting child abuse/neglect; and other public-health activities.
- **Health Oversight-** To government agencies for audits, inspections, licensure, or investigations.
- **Legal Proceedings-** In response to a court or administrative order, and in some cases in response to a subpoena or discovery request.
- **Law Enforcement-** As allowed by law in limited circumstances or when required by Florida law.
- **Medical Examiners, Coroners, and Funeral Directors-** To assist them in their official duties.
- **Research-** Under approved protocols that protect privacy or with your authorization when required.
- **To Avert a Serious Threat-** To prevent or lessen a serious and imminent threat to health or safety.
- **Workers’ Compensation-** As authorized for work-related injuries or illness.
- **Compliance Reviews-** To the U.S. Department of Health & Human Services (HHS) to determine our compliance with HIPAA.
- **Family Members & Others Involved in Care-** We may share limited information with people you identify or who are involved in your/your child’s care or payment, unless you object. If you are unavailable or in an emergency, we may share information if, in our professional judgment, it is in your/your child’s best interest.
- **Special Florida notes:** We disclose information when Florida law requires it (for example, certain injury or disease reporting, and public-health reporting to the Florida Department of Health). Some records receive extra protection under Florida law (e.g., certain mental health or substance use records); we follow those stricter rules when they apply.

E. Substance Use Disorder (SUD) Records (42 CFR Part 2)- Some records may be subject to **federal SUD confidentiality rules (42 CFR Part 2)**. When PHCA receives or maintains SUD records protected by Part 2, we will **not** disclose them unless: (a) you provide consent; or (b) the disclosure is otherwise permitted by law. Part 2 now aligns more closely with HIPAA in certain ways and allows broader disclosures for treatment, payment, and health care operations **with patient consent**. Additional privacy rights apply to SUD records. We will provide more information if Part 2 applies to your/your child’s records.

F. Your Rights Regarding Medical Information

1. **Confidential Communications-** You can request that we contact you in a specific way (for example, at a certain phone number or address). We will accommodate reasonable requests.
2. **Requesting Restrictions-** You may ask us to limit how we use or share information for treatment, payment, or operations. We are not required to agree; except we **must** accept your request **not to disclose** information to a health plan if the service was paid in full **out-of-pocket** and the disclosure is not otherwise required by law.
3. **Inspecting and Getting Copies-** You may inspect and obtain a copy of medical and billing records we maintain about you/your child, including in electronic form if readily producible. We charge only a reasonable, cost-based fee when allowed by law. In certain cases, we may deny a request; if so, you may have the right to request a review by another licensed professional.
Note: If records are available through a patient portal or other electronic means, we will provide electronic access when feasible.
4. **Amendment-** If you believe information is incorrect or incomplete, you may request an amendment in writing. If we deny your request, we will explain why and how you can submit a statement of disagreement.
5. **Accounting of Disclosures-** You may request a list of certain disclosures (other than those for treatment, payment, and operations, and some others) for the **past six (6) years**. One accounting per 12-month period is free.
6. **Paper Copy of This Notice-** You may request a paper copy of this Notice at any time. The current version is also posted at our offices and online.
7. **File a Complaint-** If you believe your privacy rights have been violated, you may file a complaint with PHCA’s Privacy Officer or with the U.S. Department of Health & Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.
8. **Authorizations for Other Uses and Disclosures-** Uses and disclosures not described in this Notice will be made **only with your written authorization**. You may revoke an authorization at any time in writing, except to the extent we have already relied on it. We will **not** sell your information or use it for marketing without your written authorization. Psychotherapy notes have special protections and will not be disclosed without authorization, except as permitted by law.
9. **Personal Representatives: Safety Concerns-** A personal representative (such as a parent or legal guardian) may exercise these rights on behalf of the individual. If, in our professional judgment, treating a person as a personal representative could expose the patient (including an unemancipated minor) to **abuse, neglect, domestic violence, or endangerment**, we may decide **not** to treat that person as the personal representative, to protect the patient’s safety.
10. **Notice of a Breach-** We will notify you if a breach occurs that may have compromised the privacy or security of your/your child’s information.

G. Changes to This Notice- We may change our privacy practices and this Notice at any time, as allowed by law. Changes will apply to all information we have about you/your child. We will post a current copy in our offices and on our website and provide copies upon request.

Effective Date- This Notice is effective **February 2026** and replaces prior versions.