

*Pediatric Orthopedics  
of SWFL*

*is firmly committed to  
full compliance with  
laws and regulations  
relating to  
patients rights.*



**Pediatric Orthopedics  
of SWFL**

15821 Hollyfern Court  
Fort Myers, FL 33908  
(239) 432-5100  
Fax (239) 432-0629

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# **PRIVACY NOTICE**

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**This notice describes how  
medical information about  
you may be used and  
disclosed and how you  
can access this  
information. Please  
review it carefully.**

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Privacy Officer  
Telephone: (239) 432-5100

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# NOTICE of PRIVACY PRACTICES

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## Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice.

## Your Rights

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You may have the right to have your physician amend your protected health information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have the right to obtain a paper copy of this notice from us upon request.

## Questions or Concerns about our Privacy Practices

You may contact our Privacy Officer at (239) 432-5100 for further information about the complaint process. Federal Statute prohibits all medical care providers from taking any retaliatory action against you if you file a complaint about privacy practices.

\*(239) 432-5100



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