

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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## **Our Responsibilities**

Heart in Hand Pediatrics, PLLC (“the Practice”) is required by law to:

- Maintain the privacy of your child’s protected health information (PHI)
  - Provide you with this Notice of Privacy Practices
  - Follow the terms of this Notice currently in effect
  - Notify you if a breach occurs that may compromise your child’s information
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## **How We May Use and Disclose Health Information**

We may use and share your child’s health information **without your written authorization** for the following purposes:

### **1. Treatment**

To provide, coordinate, or manage medical care.

This may include sharing information with specialists, laboratories, pharmacies, or other healthcare providers involved in your child’s care.

### **2. Payment**

To obtain payment for services provided.

Because Heart in Hand Pediatrics operates as a **self-pay practice**, payment-related disclosures are limited but may include receipts, billing records, or superbills provided to you at your request.

### **3. Health Care Operations**

For practice operations such as quality improvement, recordkeeping, scheduling, and administrative tasks.

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## **Other Permitted Uses and Disclosures**

We may also use or disclose health information:

- When required by law
  - For public health activities (e.g., reporting communicable diseases)
  - For health oversight activities
  - To prevent a serious threat to health or safety
  - For workers' compensation, law enforcement, or legal proceedings when required
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### **Telemedicine and Electronic Communication**

Heart in Hand Pediatrics provides care via **secure telemedicine and electronic communication platforms**.

- We use HIPAA-compliant technology whenever possible
  - Electronic communication carries some risk despite safeguards
  - We do not use standard email or text messaging for emergencies
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### **Photographs and Media**

Photographs or videos of your child will **only be taken or used with your written consent**, as outlined in a separate Photo & Media Consent Form.

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### **Your Rights Regarding Health Information**

You have the right to:

- **Access** and obtain a copy of your child's medical record
- **Request corrections** to medical records
- **Request restrictions** on certain uses or disclosures
- **Request confidential communications** (for example, alternative contact methods)
- **Receive an accounting of disclosures**
- **Receive a paper copy** of this Notice, even if you agreed to receive it electronically

To exercise these rights, contact the Practice using the information above.

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### Changes to This Notice

We reserve the right to change this Notice at any time.

Any changes will apply to all health information we maintain and will be posted on our website and made available upon request.

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### Complaints

If you believe your privacy rights have been violated, you may:

- Contact Heart in Hand Pediatrics, PLLC directly, **or**
- File a complaint with the U.S. Department of Health and Human Services


You will **not be retaliated against** for filing a complaint.


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### Contact Information

If you have questions about this Notice or your privacy rights, please contact:

#### Heart in Hand Pediatrics, PLLC

 (832-688-6407

 [info@heartinhandpediatrics.com](mailto:info@heartinhandpediatrics.com)

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**Effective Date:** January 20, 2026