



NOTICE OF PRIVACY PRACTICES

Heart in Hand Pediatrics PLLC

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

Our Legal Duty

Heart in Hand Pediatrics PLLC (“we,” “us,” or “our”) is required by law to maintain the privacy of your protected health information (PHI). We are also required to provide you with this Notice describing our legal duties and privacy practices.

We are required by law to abide by the terms of this Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time as permitted by law. Any revised Notice will apply to all protected health information we maintain and will be available upon request and on our website.

Contact Information

If you have questions about this Notice or wish to exercise your rights, please contact:

Privacy Officer:

Dr. Jessica Mumme, MD

Heart in Hand Pediatrics PLLC

4747 Research Forest Dr, Suite 180-340

The Woodlands, Texas 77381

Phone: 832-688-6407

Email: info@heartinhandpediatrics.com

Website: www.heartinhandpediatrics.com

How We May Use and Disclose Your Health Information

We may use and disclose your protected health information for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, or manage your child's medical care.

Examples include:

- **Sharing information with another physician or specialist**
- **Sending prescriptions to a pharmacy**
- **Referring your child to a laboratory or imaging facility**
- **Communicating via phone, secure text, telemedicine platform, patient portal, or email (when permitted)**

Because we provide house calls and telemedicine services, some communications may occur electronically using secure platforms.

2. Payment

Heart in Hand Pediatrics PLLC operates as a Direct Patient Care practice and does not bill insurance for covered services. However, we may use or disclose health information to:

- **Process membership payments**
 - **Provide receipts upon request**
 - **Coordinate billing related to outside services such as labs or vaccines**
-

3. Health Care Operations

We may use or disclose your health information for activities necessary to operate our practice, including:

- **Quality assessment and improvement**
- **Practice management and compliance**
- **Licensing and regulatory activities**
- **Business planning and legal compliance**

When using or disclosing protected health information, we make reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose, except where otherwise permitted or required by law.

Uses and Disclosures Without Your Written Authorization

We may disclose your health information without written authorization in the following circumstances:

Required by Law

When disclosure is required by federal or Texas law.

Public Health Activities

To report communicable diseases, immunizations (as required), adverse medication reactions, or suspected abuse or neglect.

Victims of Abuse, Neglect, or Domestic Violence

As required by Texas law.

Health Oversight Activities

To licensing boards or regulatory agencies.

Judicial and Administrative Proceedings

In response to lawful court orders, subpoenas, or legal processes.

Law Enforcement

Under limited circumstances permitted by law.

Coroners and Medical Examiners

To determine cause of death, when applicable.

Research

Under strict federal approval processes.

To Prevent a Serious Threat

To prevent serious harm to a patient or others.

Workers' Compensation

As permitted by law.

Uses Requiring Written Authorization

We will not use or disclose your health information without your written authorization for:

- Marketing purposes

- Sale of protected health information
- Most uses of psychotherapy notes

You may revoke an authorization at any time by submitting a written request to our Privacy Officer at the address listed above. Revocation does not apply to information already disclosed based on prior authorization.

Your Rights Regarding Your Health Information

To exercise any of the rights described below, you must submit a written request to the Privacy Officer at the address listed in this Notice.

1. Right to Inspect and Copy

You may request access to your child's medical record in paper or electronic form.

2. Right to Request Amendment

You may request correction of incorrect or incomplete information.

If we deny your request, you will receive a written explanation and information on how to submit a statement of disagreement.

3. Right to Request Restrictions

You may request limits on certain uses or disclosures of your health information. We are not required to agree in all cases.

However, if you pay in full out-of-pocket for a specific item or service, you have the right to request that we not disclose information about that service to your health plan, and we will comply unless disclosure is otherwise required by law.

4. Right to Confidential Communications

You may request communication in a specific way or at a specific location (for example, only via secure portal or specific phone number).

5. Right to an Accounting of Disclosures

You may request a list of certain disclosures made during the previous six years.

We will respond to your request within 60 days unless an extension is permitted or required by law.

6. Right to a Paper Copy

You may request a paper copy of this Notice at any time.

7. Right to Breach Notification

You will be notified if a breach of unsecured protected health information occurs.

Fundraising

Heart in Hand Pediatrics PLLC does not use your protected health information for fundraising purposes. If this practice changes, you will be provided an opportunity to opt out of receiving such communications.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer

Heart in Hand Pediatrics PLLC

4747 Research Forest Dr, Suite 180-340

The Woodlands, Texas 77381

Phone: 832-699-6407

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

www.hhs.gov/ocr

You will not be retaliated against for filing a complaint.

Electronic Communication Notice

Because we offer telemedicine and secure electronic communication, you acknowledge that while we use HIPAA-compliant systems, electronic communication carries inherent risks. We use reasonable safeguards to protect your information.

Effective Date

Effective Date: March 3, 2026

A handwritten signature in black ink, appearing to be 'JAM', with a long horizontal flourish extending to the right.