

# GENERAL OFFICE POLICIES

PEMC of Florida, LLC



Dear Families and Patients,

Welcome to **Pediatric Endocrine and Metabolic Center of Florida**, Your Kids Endo! Thank you for choosing to establish care with us. We strive to provide you with the best care possible. Please be aware of the following office policies:

## How to Reach Your Doctor's Office

The office telephones are open from 8:30am to 12:00pm and from 1:00pm to 4:30pm, Monday through Friday. Please listen to the complete phone menu before making your selection. If calling outside of regular business hours, you may leave a non-urgent, non-emergency voice or text message. Our staff will promptly respond to all messages within the next 24-48 business hours. For non-urgent after-hours medical consultations please refer to our After-Hours calls policy.

## After-hours Calls

Our doctors are available after hours for non-urgent medical emergency consultations by calling the office phone and selecting the after-hours on-call physician for non-urgent medical emergencies option. Voicemails, emails, and text messages are not considered official methods of communication and will not be answered. The emergency service is provided only for emergency phone calls outside of regular business hours, Monday through Friday and all day on weekends and holidays. Please refrain from using this service for anything other than an actual emergency. Emergency consultations may include vomiting, seizures, moderate or large ketones, or low blood sugar not responding to treatment. Non-emergency calls made after hours may incur in a \$30 consultation fee.

## Email Communication Policy

An email address is required to register a patient in our Electronic Medical Records System (EMR). Emails are not a secure method of communication, and we encourage our patients/caregivers to not use email to communicate Protected Health Information (PHI). Please be aware that email communication can be intercepted in transmission or misdirected. Your use of email to communicate PHI to us indicates you acknowledge and accept the possible risks associated with such communication. If you have privacy concerns or need to communicate sensitive information, please consider communicating by telephone, fax, secure text messaging or mail. For our staff to receive emails from you, we must have your email address registered into our system. Copies of these emails may be placed in your child's medical records. In an effort to protect your privacy, we encourage you to use our patient portal to communicate with our office. Please make sure you sign up for the patient portal access.

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## Requests for Medical Records

Requests for medical records must be in writing, submitting a medical records request or release form. As per the Florida Rule 64B8-10.003 there is a \$1.00 per page charge for the first 25 pages. For each page in excess of 25 pages, the cost will be \$0.25. An estimate will be provided prior to copying the chart. Payment must be received before the chart is copied. Medical Records request will only be processed for the parent/caregiver/guarantor associated with the patient.

We respect patient confidentiality and PEMC of Florida, LLC will only release personal health information about the patient in accordance with the State and federal law. The patient (or guarantor) shall authorize PEMC of Florida, LLC to release medical and other information acquired during the examination and/or treatment to the necessary insurance companies, third party payors, and/or other physicians or healthcare entities required to participate in patient care.

## Laboratory and Imaging Results

Laboratory and imaging results will be discussed at the time of your follow-up appointment. We encourage all patients to do the necessary lab work or imaging 1-2 weeks prior to the appointment. Please bring your imaging disc to the appointment. If the lab results are not available at the time of the visit, we encourage you to keep your appointment and once the results become available, the provider will review them, and the office staff will contact you with further instructions.

## Prescription Refill Requests

Prescription and refills will only be issued to established patients of the practice. If you have not been seen at our office or if you have failed to show up for your last appointment, the office reserves the right to refuse to prescribe medication or to issue a time-limited prescription, allowing you to schedule a follow-up appointment. This is in accordance with the principles of good clinical practice.

To minimize the need for a refill request between office visits, we will make every effort to provide you with an updated prescription at your visit, and the prescription will typically have an adequate number of refills until your next appointment. If you require a prescription renewal prior to your appointment, please call your pharmacy and have the pharmacist electronically request a prescription refill. Alternatively, contact us through the patient portal or call our office. Please note that you must have a scheduled upcoming appointment with us for our staff to renew your request. We will make every effort to refill prescriptions within two (2) business days. No prescriptions will be issued outside of regular business hours. If there are extenuating circumstances and your pharmacy requires a prescription outside of regular business hours, your pharmacist will need to call the on-call physician and a \$35 processing fee will be charged.

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PEMC of Florida, LLC



## Prior Authorizations and Special Medical Requests

Medications, supplies, devices, diagnostic imaging, and procedures such as *growth hormone, supprelin, lupron, triptodur, testosterone injections, CGMs, insulin pumps, MRIs, ultrasounds, X-rays, stimulation tests and other DI/procedures and medications/supplies/devices* may require a prior authorization. Knowing your insurance preferred specialty pharmacy will help us help you obtain this authorization. Remember to have bloodwork and images done that may be required for the authorization.

Assistance with prior authorizations is provided at no charge to the patient and the insurance companies do not compensate medical offices for the time invested to obtain authorizations for our patients. Unfortunately, we handle dozens of cases at a time, and we appreciate your understanding if there is a delay in response. It is the responsibility of the patient/caregiver to follow-up on pre-authorization requests with the office, insurance, or specialty pharmacy. In many cases, the pharmacy and/or insurance will require the patient to authorize the requests, provide additional information or send supporting information. We appreciate your assistance in having these requests completed in a timely manner.

## Letters, Patient, Medical and Camp Forms

We can assist you with your or child's forms and letters. Sports physicals should be completed with your child's primary care physician. We are happy to review and sign forms related to your child's endocrine condition. We request that you complete, as much as possible, any forms that you are requesting to be completed and signed, prior to your visit. Forms will be reviewed and, if appropriate, completed at your appointment. All forms that are not filled in might get delayed in processing. You can fax, mail, text or email your forms to us. All forms and letters may take up to 7 business days to be processed and returned to you.

# APPOINTMENT POLICY

PEMC of Florida, LLC



Dear Families and Patients,

At the **Pediatric Endocrine and Metabolic Center of Florida** (PEMC of Florida, LLC), we understand that unforeseen circumstances may arise, leading to missed appointments or last-minute cancellations. To ensure the efficient and fair management of our schedule and to provide the best possible care to all our patients, we have established the following Appointment Policy:

## Appointment Confirmation

We require all patients to confirm their appointments at least 72 hours in advance. Confirmation can be done via our automated phone call, patient portal email, secure text messaging system or by calling our office during regular business hours. Failure to confirm the appointment may result in the appointment being canceled or given to another patient in need.

## Cancellations

Patients are kindly requested to provide at least 24 hours' notice for appointment cancellations. Cancellations should be made via our automated phone call, patient portal email, secure text messaging system or by calling our office during regular business hours. Same day cancellations or failure to cancel an appointment may be considered a no-show/missed appointment.

## No-Shows

A "no-show" is defined as a patient who fails to arrive for a scheduled appointment without prior notification or cancellation. Patients who arrive 15 minutes or more late for their appointment without prior notification may also be considered a no-show. In case of a no-show, the appointment will be marked as "missed appointment", and the patient's medical record will reflect this status.

## Consequences for No-Shows and Late Cancellations

For the first occurrence of a no-show or late cancellation, a warning will be issued to the patient. For subsequent no-shows or late cancellations within a 6-month period, the account will be put under review and the following consequences may apply:

- i. The patient may be required to pay a \$50 fee for the missed appointment.
- ii. The patient's ability to schedule future appointments may be limited or require prepayment.
- iii. The patient may be dismissed from the practice if repeated incidents continue.

# APPOINTMENT POLICY

PEMC of Florida, LLC



## Exceptions

We understand that emergencies and unforeseen circumstances can happen. In such cases, please notify us as soon as possible, and we will work with you to reschedule your appointment without penalties. Certain extenuating circumstances, such as severe illness or family emergencies, may be considered exceptions to the policy. Please contact our office to discuss such situations.

We appreciate your understanding and cooperation in adhering to our Appointment Policy. By doing so, we can better serve all our patients and provide timely care for those in need. If you have any questions or concerns regarding this policy, please feel free to contact our office.

# FINANCIAL RESPONSIBILITY POLICY

PEMC of Florida, LLC



Dear Families and Patients,

At the **Pediatric Endocrine and Metabolic Center of Florida** (PEMC of Florida, LLC), we are committed to providing exceptional healthcare services to our patients. To ensure the continuity of quality care, it is essential for us to establish clear guidelines regarding financial responsibilities. This Financial Responsibility Policy outlines the expectations and obligations of patients regarding payment for medical services rendered. It is important for all patients to understand and comply with these guidelines to maintain a healthy financial relationship between the medical practice and its patients.

## Insurance Coverage

1. *Verification:* Patients are responsible for providing accurate and up-to-date insurance information at the time of registration. It is the patient's responsibility to inform the practice of any changes to their insurance coverage.
2. *Co-payments and Deductibles:* Patients are required to pay all applicable co-payments, deductibles, and any other out-of-pocket expenses at the time of service. Failure to make these payments may result in rescheduling or cancellation of appointments.
3. *Insurance Billing:* PEMC of Florida LLC will submit claims to the patient's insurance provider on their behalf. However, patients are ultimately responsible for the payment of all services rendered, regardless of insurance coverage.
4. *Non-Covered Services:* Patients are responsible for payment of any medical services not covered by their insurance plan. These services may include but are not limited to cosmetic procedures, experimental treatments, or services deemed medically unnecessary by the insurance provider.

## Payment Options

1. *Accepted Payment Methods:* PEMC of Florida LLC accepts cash, personal checks, debit cards and credit cards. Payment should be made in the currency accepted by the practice. Checks payable to: PEMC of Florida, LLC.
2. *Payment Plans:* In certain circumstances, PEMC of Florida LLC may offer payment plans for patients who are unable to pay the full balance at once. These arrangements must be made in advance and are subject to approval by the practice. Late or missed payments may result in additional fees or collection action.
3. *Outstanding Balances:* Patients with outstanding balances are expected to settle their accounts promptly. Failure to do so may result in the use of collection agencies or legal action, in accordance with applicable laws and regulations.

# FINANCIAL RESPONSIBILITY POLICY

PEMC of Florida, LLC



4. *Returned checks:* In the event of a returned check due to insufficient funds, closed accounts, or any other reason, a \$30 fee will be assessed to the patient's account. This fee will cover the administrative costs and inconvenience associated with processing returned checks.

## Financial Assistance and Hardship Cases

1. *Financial Assistance Programs:* PEMC of Florida LLC may offer a payment plan program for patients who demonstrate financial need. These arrangements must be made in advance and are subject to approval by the practice. Eligibility for such programs will be determined on a case-by-case basis.
2. *Hardship Cases:* In situations of extreme financial hardship, patients are encouraged to contact our billing department to discuss possible options and arrangements.

## Communication

1. *Billing Inquiries:* Patients with billing inquiries or concerns are encouraged to contact the PEMC of Florida LLC offsite billing department at 305-631-7685. Our staff are available to provide clarification and assist with any financial matters.
2. *Notice of Policy Changes:* PEMC of Florida LLC reserves the right to modify this Financial Responsibility Policy at any time. Patients will be notified of any changes in writing or via the practice's website.

# PATIENT COMMUNICATION POLICY

PEMC of Florida, LLC



Dear Families and Patients,

Effective communication is essential for providing quality healthcare services at **Pediatric Endocrine and Metabolic Center of Florida** (PEMC of Florida, LLC). To ensure clear and efficient communication with our patients and their families, we have established the following guidelines for voice, text, and email communication:

## Voice Communication

*Phone Calls:* Our office is dedicated to promptly answering phone calls during business hours. Our trained staff will strive to address your inquiries, schedule appointments, and provide necessary information. In case of high call volume, please leave a detailed message, including your name, contact number, and reason for calling. We will make every effort to return your call as soon as possible.

*Voicemail:* If you receive a voicemail from our office, please listen to the message carefully and follow any instructions provided. If necessary, return the call at your earliest convenience.

## Text Communication

*Appointment Reminders:* We may utilize text messages to send appointment reminders and confirmations. If you prefer not to receive text messages, please inform our office staff, and alternative methods of communication can be arranged.

*Secure Text Messaging:* Our office utilizes a secure text messaging system that allows the staff and the patients to securely exchange protected information. If you would like to sign up for this free service, please inform our office staff.

*Limitations:* While text messaging is convenient for simple inquiries or reminders, it may not be suitable for discussing complex medical issues. We encourage you to contact our office directly regarding matters requiring detailed explanations or urgent attention.

## Email Communication

*General Inquiries:* Our office email address is available for general inquiries, non-urgent matters, and administrative purposes. Please do not use email to communicate urgent medical concerns or requests for immediate attention. You can use our secure text messaging service instead.

*Confidentiality:* While we strive to maintain the privacy and security of electronic communications, it is important to note that email communication may not be entirely secure. We recommend refraining from sharing sensitive personal or medical information via email. Instead, contact our office directly for any confidential matters.



# PATIENT COMMUNICATION POLICY

PEMC of Florida, LLC



*Response Time:* Our staff will make every effort to respond to non-urgent emails within 24 to 48 hours during regular business hours. If you require immediate assistance, please call our office, or seek emergency medical attention.

## **Emergency Situations**

In case of a medical emergency, please call 9-1-1 or your local emergency services or go to the nearest hospital immediately. Our office is not equipped to provide immediate emergency assistance through voice, text, or email communication.

## **Consent and Verification**

By engaging in voice, text, or email communication with our office, you acknowledge and understand the inherent limitations and potential risks associated with these methods of communication. You consent to the use of voice, text, and email communication as outlined in this policy and accept responsibility for the information exchanged through these channels.

This communication policy is designed to streamline communication processes and ensure the efficient delivery of healthcare services. If you have any questions or require further clarification regarding our communication policy, please do not hesitate to contact our office.

# GENERAL CONSENT FOR MEDICAL TREATMENT

PEMC of Florida, LLC



Dear Families and Patients,

I “**PATIENT / PARENT / LEGAL REPRESENTATIVE**” hereby give my informed consent for treatment at **PEMC OF FLORIDA, LLC**. I understand and acknowledge that the purpose of this treatment is to address endocrine-related medical concerns and conditions specific to pediatric patients.

I understand that the treatment may involve the following, but is not limited to:

## **Medical Evaluation**

The medical staff will conduct a comprehensive evaluation of my child's medical history, symptoms, and physical examination to assess their endocrine health.

## **Diagnostic Tests**

Based on the evaluation, my child may be required to undergo various diagnostic tests such as blood tests, urine tests, imaging studies, or other specialized tests deemed necessary to assist in the diagnosis and management of their endocrine condition.

## **Treatment Plan**

The medical staff will develop a customized treatment plan based on the evaluation and test results. The plan may include medication administration, lifestyle modifications, dietary recommendations, and other appropriate interventions to address my child's specific endocrine needs.

## **Referrals and Collaborations**

In certain cases, it may be necessary to refer my child to other medical specialists or healthcare providers for further evaluation or to address additional health concerns that may impact their endocrine health. The medical staff may also collaborate with other healthcare professionals to ensure comprehensive care.

## **Follow-up Appointments**

Regular follow-up appointments may be necessary to monitor my child's progress, adjust treatment plans if needed, and address any concerns or questions I may have.

# GENERAL CONSENT FOR MEDICAL TREATMENT

PEMC of Florida, LLC



I understand that the practice of medicine is not an exact science, and there can be no guarantees regarding the outcome of the treatment. I acknowledge that it is my responsibility to provide accurate and complete information about my child's medical history and to follow the recommended treatment plan as discussed with the medical staff.

I will have and/or had an opportunity to ask questions regarding the proposed treatment, and all my questions had and/or have been answered satisfactorily. I understand the potential risks, benefits, and alternatives associated with the proposed treatment, as well as the risks of non-treatment.

I reserve the right to withdraw my consent at any time by notifying **PEMC OF FLORIDA, LLC** in writing. I understand that withdrawal of consent may affect the ability to continue with the proposed treatment or result in a modification of the treatment plan.

Thank you for your cooperation and trust in our medical services. If you have any further questions or require additional information, please do not hesitate to contact our office.

# Notice of Privacy Practices

## PEMC of Florida, LLC

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.

<p><b>HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:</b> Described as follows are the ways we may use and disclose health information that identifies you (Health information). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice.</p> <p><b>Treatment:</b> We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.</p> <p><b>Payment:</b> We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.</p> <p><b>Healthcare Operations:</b> We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the medical care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.</p> <p><b>Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.</b> We may use and disclose Health Information to contact you and to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.</p> <p><b>Individuals Involved in Your Care or Payment for Your Care.</b> When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.</p> <p><b>Research.</b> Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.</p> <p><b>Fundraising Activities.</b> We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. (Optional) If you do not want to receive these materials, please submit a written request to the Privacy Officer.</p> <p><b>SPECIAL SITUATIONS:</b> <b>As Required by Law.</b> We will disclose Health Information when required to do so by international, federal, state or local law.</p>	<p><b>To Avert a Serious Threat to Health or Safety.</b> We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.</p> <p><b>Business Associates.</b> We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.</p> <p><b>Data Breach Notification Purposes.</b> We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.</p> <p><b>Organ and Tissue Donation.</b> If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation; and transplantation.</p> <p><b>Military and Veterans.</b> If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.</p> <p><b>Workers' Compensation.</b> We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.</p> <p><b>Public Health Risks.</b> We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.</p> <p><b>YOUR RIGHTS:</b> You have the following rights regarding Health Information we have about you:</p> <p><b>Access to electronic records.</b> The Health Information Technology for Economic and Clinical Health Act. HITECH Act allows people to ask for <i>electronic</i> copies of their PHI contained in electronic health records or to request in writing or electronically that another person receive an electronic copy of these records. The final omnibus rules expand an individual's right to access electronic records or to direct that they be sent to another person to include not only electronic health records but also any records in one or more designated record sets. If the individual requests an electronic copy, it must be provided in the format requested or in a mutually agreed-upon format. Covered entities may charge individuals for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.</p> <p><b>Right to Inspect and Copy.</b> You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing.</p>	<p><b>Right to Amend.</b> If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing.</p> <p><b>Right to an Accounting of Disclosures.</b> You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing.</p> <p><b>Right to Request Restrictions.</b> You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing.</p> <p><b>We are not required to agree to your request.</b> If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.</p> <p><b>Right to Request Confidential communication.</b> You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.</p> <p><b>Right to a Paper Copy of This Notice.</b> You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.</p> <p><b>CHANGES TO THIS NOTICE:</b> We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.</p> <p><b>COMPLAINTS:</b> If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing.</p> <p>You will not be penalized for filing a complaint.</p> <p><b>PEMC of Florida, LLC</b> 9401 SW Discovery Way, Suite 102, Port St. Lucie, FL, 34987 Office: (772) 834-7362</p> <p><b>Attn: Compliance Contact</b></p> <p>Please sign the accompanying "Acknowledgement" form</p>
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# Aviso De Prácticas De Privacidad

## PEMC of Florida, LLC

ESTE AVISO DESCRIBE CÓMO LA INFORMACIÓN MÉDICA SOBRE USTED PUEDE USAR Y DIVULGADA Y CÓMO USTED PUEDE OBTENER ACCESO A ESTA INFORMACIÓN. POR FAVOR, LÉALA CON ATENCIÓN.

**Cómo podemos usar y divulgar su información médica:** Se describe como sigue es las maneras en que podemos usar y divulgar información de salud que le identifica a usted (información de salud). Excepto para los siguientes propósitos, vamos a utilizar y divulgar su información médica sólo con su permiso por escrito. Usted puede revocar tal autorización en cualquier momento por escrito a nuestra práctica.

### **Tratamiento:**

Podemos usar y divulgar su información médica para su tratamiento y para proporcionarle los servicios de salud relacionados con el tratamiento. Por ejemplo, podemos divulgar información médica a doctores, enfermeras, técnicos y otro personal, incluyendo personas fuera de nuestra oficina, que participan en su atención médica y necesitan la información para proporcionarle atención médica.

### **Pago:**

Podemos usar y divulgar su información médica para que nosotros u otros podamos facturar y recibir pago de usted, una compañía de seguros o un tercero para el tratamiento y los servicios que recibió. Por ejemplo, podemos dar su información de plan de salud para que pagarán por su tratamiento.

### **Operaciones de atención médicos:**

Podemos utilizar y divulgar información médica para fines de atención médica de la operación. Estos usos y divulgaciones son necesarios para asegurarse de que todos nuestros pacientes reciban atención de calidad y para operar y administrar nuestra oficina. Por ejemplo, podemos utilizar y divulgar información para asegurarse de que el cuidado médico que recibe es de la más alta calidad. También podemos compartir información con otras entidades que tienen una relación con usted (por ejemplo, su plan de salud) para sus actividades de atención médica de la operación.

**Recordatorios de citas, salud y alternativas de tratamiento, beneficios y servicios relacionados.** Podemos utilizar y divulgar información médica para contactarle y recordarle que usted tiene una cita con nosotros. También podemos usar y divulgar información médica para informarle sobre alternativas de tratamiento o beneficios relacionados con la salud y servicios que puedan ser de su interés.

**Individuos involucrados en su cuidado o el pago de su atención.** Cuando sea apropiado, podemos compartir información médica con una persona que participa en su atención médica o el pago de su atención, como su familia o un amigo cercano. También podemos notificar a su familia sobre su ubicación o condición general o divulgar dicha información a una entidad en un esfuerzo de alivio de desastre.

**Investigación.** Bajo ciertas circunstancias, podemos usar y divulgar información médica para la investigación. Por ejemplo, un proyecto de investigación puede involucrar comparar la salud de los pacientes que recibieron un tratamiento a aquellos que recibieron otro, para la misma condición. Antes de que usemos o divulguemos información médica para la investigación, el proyecto pasará por un proceso de aprobación especial. Incluso sin autorización especial, podemos permitir los investigadores registros para ayudarles a identificar a los pacientes que pueden incluirse en su proyecto de investigación o para otros propósitos similares, siempre y cuando no retire ni tomar una copia de cualquier información de salud.

**Las actividades de recaudación de fondos.** Podemos utilizar o divulgar su información médica protegida, según sea necesario, para poder ubicarte para actividades de recaudación de fondos. Usted tiene el derecho de optar por no recibir comunicaciones de recaudación de fondos. (Opcional) Si no quieres recibir estos materiales, por favor envíe una solicitud por escrito al oficial de privacidad.

### **SITUACIONES ESPECIALES:**

**Requeridas por la ley.** Divulgaremos información de salud cuando así lo requiere la ley internacional, federal, estatal o local.

### **Para evitar una amenaza grave para la salud o seguridad.**

Podemos usar y divulgar su información médica cuando sea necesario para prevenir una amenaza grave a su salud y seguridad o la salud y seguridad del público u otra persona. Revelaciones, sin embargo, se hará sólo a alguien que puede ayudar a prevenir la amenaza.

**Asociados de negocios. Podemos divulgar información médica** a nuestros asociados de negocios que realizan funciones en nuestro nombre o nos proporcionan servicios si la información es necesaria para dichas funciones o servicios. Por ejemplo, podemos utilizar otra compañía para realizar la facturación de servicios en nuestro nombre. Todos nuestros asociados de negocios están obligados a proteger la privacidad de su información y no se les permite usar o divulgar cualquier información que como se especifica en el contrato.

**Violación de datos con fines de notificación.** Podemos utilizar su información de contacto para proporcionar avisos requeridos legalmente de adquisición no autorizada, el acceso o la divulgación de su información médica. Podemos enviar aviso directamente a usted o notificar al patrocinador de su plan a través del cual recibe cobertura.

**Donación de órganos y tejido.** Si usted es un donante de órganos, podemos utilizar o divulgar información de salud a organizaciones que manejan la adquisición de órganos u otras entidades que participan en licitaciones; banca o transporte de órganos, ojos o tejidos para facilitar de órganos, ojos o tejidos donación; y trasplante.

**Militares y veteranos.** Si usted es un miembro de las fuerzas armadas, podemos divulgar información médica según lo requerido por las autoridades de comando militar. También podemos divulgar información médica a la autoridad militar extranjera correspondiente si eres un miembro de un ejército extranjero.

**Compensación.** Podemos divulgar información de salud para la compensación de trabajadores o programas similares. Estos programas proporcionan beneficios por accidente de trabajo o enfermedad.

**Salud pública riesgos.** Podemos divulgar información médica para actividades de salud pública. Estas actividades generalmente incluyen revelaciones para prevenir o controlar enfermedades, lesiones o incapacidades; nacimientos de informe y muertes; abuso de informe o negligencia; reacciones de informe a medicamentos o problemas con productos; notificar a las personas retiradas de productos que pueden estar usando; una persona que han estado expuesta a una enfermedad o puede estar en riesgo de contraer o propagar una enfermedad o condición; y la autoridad de gobierno apropiada si creemos que un paciente ha sido víctima de abuso, negligencia o violencia doméstica. Solamente haremos esta divulgación si usted está de acuerdo o cuando lo requiera o autorice la ley.

### **SUS DERECHOS:**

Usted tiene los siguientes derechos con respecto a la información médica que tenemos sobre usted:

**Acceso a registros electrónicos.** La tecnología de la información de salud para la salud económica y clínica. Ley de alta tecnología permite a las personas para pedir copias *electrónicas* de su PHI contenida en registros electrónicos de salud o solicitar por escrito o electrónicamente otra persona reciba una copia electrónica de estos registros. Las reglas finales de ómnibus amplían el derecho de una persona para acceder a los registros electrónicos o dirigir que ser enviado a otra persona para incluir no sólo registros electrónicos de salud sino también todos los registros en uno o más conjuntos de registros designados. Si la persona solicita una copia electrónica, deben ser proporcionados en el formato solicitado o en un formato de acuerdo mutuo. Entidades cubiertas pueden cobrar a individuos por el costo de cualquier medio electrónico (como una unidad flash USB) utilizado para proporcionar una copia de la PHI de la electrónica.

**Derecho a inspeccionar y copiar.** Usted tiene el derecho de inspeccionar y copiar información de salud que pueden utilizarse para tomar decisiones sobre su cuidado o el pago de su atención. Esto incluye registros médicos y de facturación, excepto las notas de psicoterapia. Para inspeccionar y copiar esta información de salud, debe hacer su petición, por escrito.

**Derecho a enmendar.** Si usted cree que la información de salud que tenemos es incorrecta o incompleta, puede pedirnos que enmendemos la información. Usted tiene el derecho de pedir una enmienda mientras la información se mantiene por o para nuestra oficina. Para solicitar una enmienda, usted debe hacer su petición, por escrito.

**Derecho a una contabilidad de accesos.** Usted tiene el derecho de solicitar una lista de ciertas revelaciones que hicimos de información médica para fines que no sean de tratamiento, pago y operaciones de atención médica o que proporcionaste autorización por escrito. Para solicitar una contabilidad de accesos, usted debe hacer su petición, por escrito.

**Derecho a solicitar restricciones.** Usted tiene el derecho a solicitar una restricción o limitación en la información médica que utilizamos o revelamos para tratamiento, pago u operaciones de atención médica. Usted también tiene derecho a solicitar un límite en la información de salud que divulguemos a alguien involucrado en su cuidado o el pago de su atención, como un familiar o amigo. Por ejemplo, usted puede pedir que no compartamos información sobre un determinado diagnóstico o tratamiento con su cónyuge. Para solicitar una restricción, usted debe hacer su petición, por escrito.

**No estamos obligados a aceptar su petición.** Si estamos de acuerdo, cumpliremos con su petición a menos que la información es necesaria para proporcionar tratamiento de emergencia.

**Derecho a la comunicación mediante solicitud confidencial.** Usted tiene el derecho a solicitar que nos comuniquemos con usted acerca de asuntos médicos de una cierta manera o en cierto lugar.

Por ejemplo, usted puede solicitar que sólo te contactamos por correo o en el trabajo. Para solicitar comunicación confidencial, usted debe hacer su petición, por escrito. Su petición debe especificar cómo o dónde desea ser contactado. Acomodamos las peticiones razonables.

**Derecho a una copia impresa de esta notificación.** Usted tiene el derecho a una copia impresa de esta notificación. Usted puede pedirnos que le dará una copia de este aviso en cualquier momento.

### **CAMBIOS A ESTE AVISO:**

Nos reservamos el derecho de cambiar este aviso a la nueva notificación se aplica a la información de salud que ya tenemos así como cualquier información que recibamos en el futuro. Publicaremos una copia de nuestra notificación actual en nuestra oficina. La notificación contendrá la fecha de vigencia en la primera página, en la esquina superior derecha.

### **QUEJAS:**

Si usted cree que sus derechos de privacidad han sido violados, puede presentar una queja con nuestra oficina o con el Secretario del Departamento de salud y servicios humanos. Todas las quejas deben hacerse por escrito. Usted no será penalizado por presentar una queja.

**PEMC of Florida, LLC**

9401 SW Discovery Way, Suite 102, Port St.

Lucie, FL, 34987

Office: (772) 834-7362

Atención: Compliance Contact

Por favor firmar el "Reconocimiento"

# OFFICE POLICIES CONSENT FORM

PEMC of Florida, LLC



The policies described above and below are the main policies we have in place at **PEMC of Florida LLC**. By acknowledging your understanding and agreement to comply with these policies, we can work together to ensure the best possible care and service for you. We are committed to providing exceptional healthcare, and we look forward to serving you.

1. *General Office Policies - ver.06.2023*
2. *Appointment Policy - ver.06.2023*
3. *Financial Responsibility Policy - ver.06.2023*
4. *Patient Communication Policy - ver.06.2023*
5. *General Consent for Medical Treatment - ver.06.2023*
6. *Notice of Privacy Practices - ver.2013, Policy #201*

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

## PATIENT INFORMATION

Patient Name:	Date of Birth: MM/DD/YYYY
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By signing below or receiving care from PEMC of Florida LLC, patients acknowledge that they have read, understood, and agreed to comply with the terms outlined in these policies.

## PATIENT / PARENT / LEGAL REPRESENTATIVE:

Name:	Relationship:
Signature:	Today's Date: MM/DD/YYYY