

HIPAA Notice of Privacy Practices

Pediatric Neuropsychology Associates PLLC

Effective Date: 12/1/2025

Review Frequency: Periodic review as needed or when regulatory or operational changes occur

Record Retention: Documentation is retained in accordance with applicable federal and Florida law. HIPAA-related documentation is maintained for a minimum of six (6) years. Clinical records are retained for at least seven (7) years following the last date of service. For minor patients, records are maintained until the patient reaches the age of majority and for an additional seven (7) years thereafter, unless a longer retention period is required by law, professional standards, or risk-management guidance.

Purpose of This Notice

This Notice of Privacy Practices describes how protected health information (PHI) of the patient may be used and disclosed, and explains the rights of parents or legal representatives acting on behalf of a minor patient. Pediatric Neuropsychology Associates PLLC is committed to protecting the privacy and confidentiality of your health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable Florida law. This Notice is provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations at 45 CFR Parts 160 and 164.

Scope of This Notice

This Notice applies to protected health information maintained through clinical and administrative operations. It does not apply to information collected through the public website, which is governed by our Website Privacy Policy. Information submitted through the public website is not intended to include protected health information and is not governed by this Notice unless it becomes part of the clinical record.

Who Is a Parent or Legal Representative

For purposes of this Notice, a parent or legal representative is an individual authorized under applicable state law to make healthcare decisions on behalf of a minor patient.

Your Rights Regarding Your Health Information

You have the right to:

- Access and receive a copy of your health records as permitted by law
- Request amendments to your health information if you believe it is incorrect or incomplete
- Request restrictions on certain uses or disclosures of your PHI, though we are not always required to agree
- Request confidential communications in specific ways, such as at alternative phone numbers, email addresses, or mailing addresses. We will accommodate reasonable requests as required by law.
- Receive an accounting of certain disclosures of your PHI
- Revoke any authorization you have previously provided, except where action has already been taken in reliance on that authorization

Right to Obtain a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Uses and Disclosures of Protected Health Information

We may use or disclose your PHI without your authorization for purposes of treatment, payment, and healthcare operations, as permitted by law. Treatment includes providing, coordinating, and managing healthcare services. Payment includes billing, claims management, and collection activities. Healthcare operations include administrative, quality assurance, compliance, and business activities necessary to operate the practice.

Minimum Necessary Standard

We will make reasonable efforts to limit the use, disclosure, and request of protected health information to the minimum necessary to accomplish the intended purpose, except when disclosures are made for treatment, when required by law, or when otherwise permitted under HIPAA. Disclosures to schools, educational institutions, or other third parties require a valid written authorization, except where disclosure is permitted by law for treatment coordination, safety purposes, or other legally authorized circumstances. We do not sell your health information and do not use it for marketing purposes without your explicit written authorization.

Florida-Specific Privacy Protections

Florida-Specific Privacy Protections

Special Privacy Protections

Certain types of information, such as HIV-related information or substance use treatment records, are subject to additional protections under state and federal law. We comply with all applicable requirements related to such information. Psychotherapy notes, as defined by HIPAA, receive special protections. Except in limited circumstances permitted by law, separate written authorization is generally required before psychotherapy notes are disclosed.

Minors and Privacy

Florida law provides enhanced confidentiality protections for mental health, psychological, and neuropsychological records, particularly when minors are involved. In limited circumstances, Florida law permits minors to consent independently to certain outpatient mental health services. When a minor legally consents to treatment without parental involvement:

- The minor's records may not be disclosed to a parent or guardian without the minor's written consent, unless disclosure is required by law or necessary to prevent serious harm.
- Parental access to the patient's mental health records may be restricted as permitted by law.

We comply with all applicable federal and Florida laws governing the confidentiality of psychological and neuropsychological records. For neuropsychological evaluation services involving minors, parents or legal guardians are typically involved in consent and receipt of evaluation information unless otherwise required by law.

Limits on Confidentiality and Mandatory Reporting

Certain disclosures are required by law and are not considered breaches of confidentiality. These include reporting suspected abuse or neglect of a child, elder, or vulnerable adult, or disclosures made when there is a reasonable belief of serious risk of harm to the patient or others.

Emergency Situations

In the event of a mental health emergency, we may disclose relevant information to a designated emergency contact, family member, or emergency services when necessary to protect health or safety. Disclosures will be limited to the minimum necessary to address the emergency.

Pediatric Neuropsychology Associates PLLC
2699 Stirling Rd Suite C306C
Ft. Lauderdale, FL 33312
954-284-0048
office@maimanhealth.com

Telehealth and Electronic Communications

When telehealth services are provided, we use HIPAA-compliant platforms designed to protect the privacy and security of the patient's protected health information. Telehealth sessions are not recorded unless specifically agreed to in writing. We may communicate with parents or legal representatives by email, text message, or other electronic means when requested or appropriate. While we take reasonable steps to safeguard electronic communications, such methods may carry inherent privacy risks. You may request alternative communication methods at any time if you have privacy concerns.

Safeguards

We use administrative, physical, and technical safeguards to protect your PHI from unauthorized access, use, or disclosure, including secure electronic record systems and restricted access controls.

Business Associates

We may share PHI with third-party service providers who assist in practice operations, such as electronic health record vendors or billing services. These business associates are required by law to safeguard your information under Business Associate Agreements.

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Breach Notification

If a breach of unsecured PHI occurs, we will notify you without unreasonable delay and no later than 60 days from discovery, as required by law.

Complaints

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

Privacy Officer: Dr. Maiman

Pediatric Neuropsychology Associates PLLC

Phone: (954) 284-0048

Email: office@maimanhealth.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

Additional information is available at www.hhs.gov/ocr or by contacting OCR directly.

Changes to This Notice

We reserve the right to change this Notice and will make the revised version available.

Electronic Signatures and Records

By signing this form electronically, I agree that my electronic signature and any related electronic records shall have the same legal validity and enforceability as a handwritten signature and paper documents. I acknowledge the use of electronic records for this agreement.

Parent or Legal Representative Acknowledgment of Receipt and Review (for Minors or Individuals Lacking Legal Capacity)

I acknowledge that I have received a copy of the Notice of Privacy Practices of Pediatric Neuropsychology Associates PLLC, which describes how protected health information may be used and disclosed and explains my rights regarding that information. I understand that this document is provided for informational purposes and does not require my consent for services. I have had the opportunity to ask questions about this Notice, and I understand that I may request a copy at any time.

By signing below, I confirm that I am the parent or legal representative of the patient named below, that I am legally authorized to receive and acknowledge this information on the patient's behalf, and that the information I have provided regarding my legal authority is accurate.

I understand that I am not required to sign this acknowledgment. If I choose not to sign, the practice will document that the document was provided to me.

Printed Name of Patient:

Printed Name of Parent/Legal Representative:

Signature of Parent/Legal Representative:

Relationship to Patient:

Date:

A copy of this signed form will be retained in the patient's health records.

For Office Use Only

Date Received:

Received By:

Staff Role:

Filing Method: ☐ Paper File ☐ Digital File ☐ Both

Notes: