



HERITAGE
PEDIATRICS, PLLC

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Notice of Privacy Practices

Heritage Pediatrics, PLLC

8031 Broadway

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Phone: (210) 804-2301 | Fax: (210) 805-9532

Website: www.HeritagePediatrics.com

Effective Date: January 1, 2026

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.

Heritage Pediatrics, PLLC ("Heritage Pediatrics," "we," "our," or "us") is committed to protecting the privacy of your protected health information ("PHI"). This Notice of Privacy Practices ("Notice") explains how we may use and disclose your PHI and describes your rights regarding that information.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you following a breach of unsecured PHI as required by law.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care. This includes sharing information with physicians, nurses, medical assistants, specialists, laboratories, pharmacies, and other health care providers involved in your care.

Examples:

- Documenting symptoms, exam findings, diagnoses, and treatment plans
- Consulting with specialists or referring providers
- Sending prescriptions to pharmacies

2. Payment

We may use and disclose your PHI to bill and collect payment for services provided to you.

Examples:

- Submitting claims to your health plan
- Verifying insurance coverage
- Responding to requests for information from insurers

3. Health Care Operations

We may use and disclose your PHI for practice operations necessary to run our office and ensure quality care.

Examples:

- Quality assessment and improvement
- Staff training and credentialing
- Legal, auditing, and compliance activities
- Business management and administrative services

4. Appointment Reminders and Communication

We may contact you to remind you of appointments, notify you of test results, or communicate about your child's care.

Communication may occur by phone, voicemail, text message, email, patient portal, or mail, unless you request otherwise.

Electronic communication involves some risk; by providing contact information and not objecting, you acknowledge and accept these risks.

SPECIAL SITUATIONS WHERE WE MAY DISCLOSE INFORMATION

We may disclose PHI as permitted or required by law, including:

- **Public Health Activities:** reporting disease, abuse, neglect, or reactions to medications
- **Health Oversight Activities:** audits, investigations, and inspections
- **Law Enforcement:** as required by law or court order
- **Judicial and Administrative Proceedings**
- **Serious Threats to Health or Safety**
- **Disaster Relief Efforts**
- **Organ and Tissue Donation**
- **Medical Examiners, Coroners, and Funeral Directors**
- **Specialized Government Functions** (e.g., military or national security)

BUSINESS ASSOCIATES

We may share your PHI with third parties (“business associates”) who perform services for us, such as billing services, electronic health record vendors, cloud storage providers, and consultants. Business associates are required by law and contract to protect the privacy and security of your PHI.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

1. Access and Copies

Request access to inspect or obtain copies of your medical and billing records, subject to limited exceptions.

2. Amendments

Request correction or amendment of your PHI if you believe it is inaccurate or incomplete.

3. Accounting of Disclosures

Request a list of certain disclosures of your PHI made by us.

4. Confidential Communications

Request communication of your PHI by alternative means or at alternative locations.

5. Restrictions

Request restrictions on certain uses or disclosures of your PHI. While we are not required to agree to most requests, **we must comply with a request to restrict disclosure to a health plan for services paid in full out-of-pocket**, unless disclosure is required by law.

6. Paper Copy

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

FUNDRAISING

If we contact you for fundraising purposes, you have the right to opt out of future communications. Instructions for opting out will be included in any fundraising communication.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Changes will apply to all PHI we maintain. The revised Notice will be available at our office and on our website.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

Privacy Officer

Heritage Pediatrics, PLLC

Phone: (210) 804-2301

You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT

You may be asked to sign an acknowledgment confirming that you received this Notice. Your acknowledgment is not a condition of receiving care.