Florida HEALTH Department of Health

KEVIN LEE HUGUET

License Number: ME85676

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2001
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

KEVIN LEE HUGUET
2191 9TH AVENUE NORTH
STE 270
SAINT PETERSBURG, FL 33713

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
ST. ANTHONYS HOSPITAL	SAINT PETERSBURG	FLORIDA
BAYFRONT MEDICAL CENTER	SAINT PETERSBURG	FLORIDA
EDWARD WHITE HOSPITAL	SAINT PETERSBURG	FLORIDA
NORTHSIDE HOSPITAL	SAINT PETERSBURG	FLORIDA
PALMS OF PASADENA HOSPITAL	SAINT PETERSBURG	FLORIDA
ST. PETERSBURG GENERAL HOSPITAL	SAINT PETERSBURG	FLORIDA

Email Address

Please contact at: **khuguet1@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MD

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTH FLORIDA	MD	8/1/1997 - 5/11/2001	05/11/2001

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
FLORIDA STATE UNIVERSITY	TALLAHASSEE	FLORIDA	08/01/1992	04/30/1995	BS BIOLOGY
UNIV OF S FLORIDA, COLL OF PUBLIC HEALTH	TAMPA	FLORIDA	05/01/1995	04/30/1997	MPH MASTER OF PUBLIC HEALTH
UNIVERSITY OF SOUTH FLORIDA COLLEGE3 OF PUBLIC HEALTH	TAMPA	FLORIDA	06/04/1995	06/16/1997	MPH MASTER OF PUBLIC HEALTH
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	TAMPA	FLORIDA	06/22/1997	05/17/2001	M.D. MEDICAL DOCTOR
MAYO CLINIC	JACKSONVILLE	FLORIDA	06/30/2002	06/30/2006	M.D. MEDICAL DOCTOR
MAYO CLINIC	SCOTTSDALE	ARIZONA	07/01/2006	06/15/2007	M.D. MEDICAL DOCTOR
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF PUBLIC HEALTH	TAMPA	FLORIDA	04/30/1995	04/30/1997	MPH MASTER OF PUBLIC HEALTH

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
MAYO CLINIC JACKSONVILLE	INTERNSHIP	GS - SURGERY		JACKSONVILLE	FLORIDA	06/25/2001	06/29/2002
MAYO CLINIC	RESIDENCY	GS - SURGERY		JACKSONVILLE	FLORIDA	06/30/2002	06/30/2006
MAYO CLINIC	FELLOWSHIP	GS - SURGERY	LAPAROSCOPIC SURGERY	SCOTTSDALE	ARIZONA	07/01/2006	06/15/2007

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF SURGERY	GS - SURGERY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than $250,000 per claim, with a minimum annual aggregate of not less than $750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding $100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/21/2019	PINELLAS	21-004405-CI-19	06/17/2022	$250,000.00	$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
SOCIETY OF AMERICAN GASTROINTESTINAL ENDOSCOPIC SURGEONS
SOUTHEASTERN SURGICAL CONGRESS RESIDENT FELLOW
AMERICAN COLLEGE OF SURGEONS CANDIDATE GROUP MEMBER
FLORIDA MEDICAL ASSOCIATION
PINELLAS COUNTY MEDICAL ASSOCIATION

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
TECHNIQUES OF LAPAROSCOPIC PARASTOMAL HERNIA REPAIR	OPERATIVE TECHNIQUES IN GENERAL SURGERY	03/30/2007
VIRAL HEMORRHAGIC FEVER - DENGUE VIRUS	APIC TEXT OF INFECTION CONTROL AND EPIDEMIOLOGY	03/15/2007
LAPAROSCOPIC GASTRIC GIST RESECTION THE MAYO CLINIC EXPERIEN	SURGICAL ENDOSCOPY	03/22/2007

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.
SPANISH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN CANCER SOCIETY
PINELLAS COUNTY MEDICAL ASSOCIATION