



## **Notice of Privacy**

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.

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice.*

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information.

### **Our Legal Duty**

Federal and State laws require us to maintain the privacy of your health information. We are also required to provide this Notice about our office's privacy practices, our legal duties, and your rights regarding your health information. We are required to follow the practices that are outlined in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please contact us.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations. For Example:

**Treatment:** We disclose medical information to our employees and others who are involved in providing the care you need. We may use or disclose your health information to another dentist or other healthcare providers providing treatment that we do not provide. We may also share your health information with a pharmacist in order to provide you with a prescription, or with a laboratory that performs tests or fabricates dental prostheses or orthodontic appliances.

**Payment:** We may use and disclose your health information to obtain payment for services we provide you; unless you request that we restrict such disclosure to your health plan when you have paid out-of-pocket and in full for services rendered.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include billing and collections, software support, practice management consulting. If these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information however, we require the business associate to appropriately safeguard your information through a written contract.

### **Other Permitted and Required Uses & Disclosures That May Be Made with Your consent. Authorization or Opportunity to Object**

We also may use and disclose your health information as set forth below. You have the opportunity to agree or object to the use or disclosure of all or part of your health information in these instances. If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

### **Individuals Involved in Your Care or Payment for Your Care:**

Unless you object, we may release medical information about you to a family member or friend who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Future communications:** We may communicate to you via newsletters, mailing, or other means regarding treatment options, information on health-related services; to remind you that you have an appointment for medical care; or other community-based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

Law Enforcement/ Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. NATIONAL SECURITY

**State-Specific Requirements:** Many states have requirements for reporting which may include population-based activities relating to improving health or reducing health care costs, cancer registries, birth defect registries, and others.

Your Health Information Rights ACCESS

Although your health record is the physical property of the practice that compiled it, you have the right to:

•**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. We ask that you submit your request in writing. Usually, this includes medical and billing records, but does not include notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy in certain very limited circumstances.

If you are denied access to medical information, you may request that the denial, be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your medical information must be submitted to Forest Hill Family Orthodontics, in writing.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

**A Paper Copy of This Notice:** 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. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To exercise any of your rights, please obtain the required forms from the practice and submit your request in writing to the practice's privacy officer indicated below.

**Sign In Sheet and Announcement:** Upon arriving at our office, we may use and disclose medical information about you by asking that you sign an intake sheet at our front desk. We may also announce your name when we are ready to see you.

**Change of Ownership:** If this dental practice is sold or merged with another practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another dental practice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. You have the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by you.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us by calling (561) 328-1555 and asking for the Privacy Officer. All complaints must be also submitted in writing within 180 days of when you knew that the act or omission complained of occurred. You will not be penalized for filing a complaint.

**Other uses of Medical Information:** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide LIS permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care we provide to you.

Signature

Today's Date:

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