



NOTICE OF PRIVACY PRACTICES

Smile Center of Orlando
3710 Aloma Avenue
Winter Park, FL 32792
(407) 678-8848

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. You may request a copy of our Notice at any time.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations.

- ◆ Treatment – means providing, coordinating or managing health care and related services by one or more health care providers.
- ◆ Payment – means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.
- ◆ Healthcare Operations – include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, appointment confirmation and patient service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you via phone or mail to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Contact by phone may include, but not limited to, use of electronic equipment to advise you of your appointment reminders. And, if available, the appointment reminder will be left on your voice mail.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request. That request will not affect any action we took in reliance on this Consent before we received your revocation, however, please know we may decline to treat you or to continue treating you if you revoke this Consent.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- ◆ The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- ◆ The right to inspect and copy your protected health information.

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- ◆ The right to request restrictions on certain uses and disclosure of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- ◆ The right to amend your protected health information.
- ◆ The right to receive an accounting of disclosures of protected health information.
- ◆ The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Disclosure: We will not disclose your medical records without your written authorization, except:

- ◆ To you
- ◆ To your legal representative
- ◆ To the Department of Health pursuant to existing law
- ◆ In the event you are incapacitated or unable to request your records, to your spouse
- ◆ In any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedure of our office. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices or to file a complaint, please contact us:

Privacy Officer
Smile Center of Orlando
3710 Aloma Avenue
Winter Park, FL 32792
(407) 678-8848

For more information about HIPAA or to file a complaint, please contact:

The US Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
(202) 619-0257 or toll free (877) 696-6775