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Allen Family Dental

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Notice Of Privacy Practices For Protected Health Information

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!

We care about our patients' privacy, and strive to protect the confidentiality of your dental and medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your dental and medical information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and x-ray results, diagnosis, treatment and applying for future care or treatment. It also includes billing documents for those services.

Who Will Follow This Notice

Any health care professional authorized to enter information into your dental/medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share dental /medical information with each other for treatment, payment purposes, or health care operations described in this Notice. Except when treatment is involved, only the minimum necessary information needed to accomplish a task will be shared.

How We May Use and Disclose Dental/Medical Information About You

The following categories describe different ways that we may use and disclose dental/medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed.

- **For Treatment.** We may use dental /medical information about you to provide you with dental/medical treatment or services. Example: in treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process.
- **For Payment.** We may use and disclose dental/medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may need to send our protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.
- **For Health Care Operations.** We may use and disclose dental/medical information about you for health care operations to assure that you receive quality care. Example: We may use dental/medical

information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Over covered entities' and providers payment activities
- Other covered entities healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence, abuse, or neglect situations
- Health oversight activities
- Other public health activities

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of dental/medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose dental /medical information about you, you

may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose dental/medical information about you for the reasons covered in your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care we have provided you.

Your Health Information Rights

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office; If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office; In addition, you must supply a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be

attached in future disclosures of your protected health information;

- Obtain an accounting of non-standard disclosures of your health information as required to be maintained by law by delivering a written request to our office. You must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists we reserve the right to charge you for the cost of providing the list. An accounting will not include internal uses of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communications of your health information be made by alternative means or an alternative location by delivering the request in writing to our office; and
- Revoke authorizations that you made previously to use or disclose information, except to the extent information or action has already been taken by delivering a written revocation to our office;
- Obtain a paper copy of this Notice; you may request a copy at any time.

If you want to exercise any of the above rights, please contact our Privacy Officer in person, in writing, or by phone at (954) 885-7100. You will be provided with assistance on the steps to take to exercise your rights.

Our Responsibilities

The practice is required to:

- Maintain the privacy of your health information as required by law;

- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate our reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by call in and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Privacy Officer at (954) 885-7100.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint the Office Manager. You may also file a written complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not retaliate against you for filing a complaint with the Secretary.