

## **HIPAA Notice of Privacy Practices**

**OUR RESPONSIBILITY:** We at Dr. Henner's practice understand that medical/dental information about you and your health is personal. Applicable state and federal laws require us to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duty and your rights concerning your health information. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by the applicable law. Before we make a change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We may use and disclose your medical/dental health information about you for treatment, payment and healthcare operations. For example:

**TO TREAT YOU:** We can use and disclose your health information to a physician or other dental practice who will be providing treatment for you.

**BILLING AND PAYMENT FOR SERVICES:** We can use and disclose your information to obtain payment for services we provide you. This includes sending dental claims to your insurance company or mailing you a bill.

**HEALTHCARE OPERATIONS:** We can use and disclose your information in connection with our healthcare operations which include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**YOUR AUTHORIZATION:** In addition to our use of your health information for treatment, payment and/or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time; your revocation will not affect any use or disclosure permitted by your authorization while in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except to those described in this notice.

**TO YOUR FAMILY AND FRIENDS:** We may disclose your health information to a family member, friend or another person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

**PERSON INVOLVED WITH YOUR CASE:** We may use and disclose your health information to notify or assist in the notification of (including identifying or location) a family member, your personal representative or another person for your care, of your location, your general condition, or death. If you are present, then prior to the use and disclosure of your health information we will provide you with the opportunity to object to such uses and disclosures. In the event of your incapacity or emergency circumstances, we will disclose your health information based on a determination using our professional judgement disclosing only information that is directly relevant to the person's involvement in your healthcare.

**MARKETING HEALTH RELATED SERVICES:** We will not use or disclose your health information for marketing purposes without your written permission.

**REQUIRED BY LAW:** We may use and disclose your health information when we are required to do so by state or federal law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

**ABUSE OR NEGLECT:** We may use or disclose your health information to the appropriate authorities if we reasonably believe that you are the victim of abuse, neglect, domestic violence or the possible victim of other crimes. The disclosure will be to the extent necessary to avert a serious threat to your health or safety or to the health of others.

**OTHER INSTANCES WHERE YOUR HEALTH INFORMATION MAY BE USED OR DISCLOSED:** National security, respond to organ or tissue donation requests, work with a medical examiner or funeral director, workman's compensation claims, response to lawsuits and legal action and appointment reminders.

## **PATIENT RIGHTS**

**ACCESS:** You have the right to look at or get copies of your health information, with limited exceptions. You may request we provide copies in a format other than photocopies unless we cannot predictably do so. (You may request these records in writing and submit it to the contact information at the end of this notice.) We will charge a reasonable cost-based fee for expenses such as copies, mailing and staff time. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information at the end of this notice for a full explanation of our fee services.

**DISCLOSURE AND ACCOUNTING:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not prior to April 14, 2003. If you request the accounting more than

once in a 12-month period we may charge you a reasonable, cost-based fee for responding to these additional requests.

**RESTRICTIONS:** You have the right to request we place additional restrictions on your health information. We are not required to agree to these requests, but if we do, we will abide by our agreement (except in an emergency).

**ALTERNATIVE COMMUNICATION:** You have the right to request we communicate with you about your health information by alternative means or at alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

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

**ELECTRONIC NOTICE:** If you receive this notice on our website or by email you are entitled to receive this notice in written form.

**QUESTIONS AND COMPLAINTS:** If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your access to your health information or in a response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or to alternative locations you may complain to us using the contact information at the end of this notice. You may also submit a written complaint to the US Department of Health and Human Services by sending a letter to 200 Independence Ave. SW, Washington, DC 20201.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the Department of Health and Human Services.

**PRIVACY OFFICER:** Robin Mozley

**PHONE:** 561-626-8300

**ADDRESS:** 840 US Hwy. 1, Suite 215, North Palm Beach, FL. 33408