

# South Florida Dentistry for Children & Orthodontics, P.A.

CORAL SPRINGS, 33065  
9327 W. Sample Road  
954-752-7651

POMPANO BEACH, 33064  
1930 N.E. 34th Court  
954-781-1855

BOCA RATON, 33486  
5458 Town Center Road  
561-391-6660

## NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that 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.

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. Under the law (456.074, Fla. Stats., and HIPAA), we must have your signature on a written, dated Consent form and/or an Authorization form before we will use and disclose your PHI for certain purposes as detailed in the rules below.

**General Rule:** If you do not sign our Consent form or if you revoke it, as a general rule, we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. Under Florida law, we are unable to submit claims to payers under assignment of benefits without your signature on our Consent form. We will not condition treatment on your signing an Authorization, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the Consent or revoke it.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services, consult with other doctors about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment, provide your x-rays because your health care plan requires them for payment.
- **Health Care Operations:** To run our office, assess the quality of care our patients receive and provide you with customer service. For example, to improve efficiency and reduce costs associated with missed appointments, we may contact you by telephone, mail or otherwise remind you of scheduled appointments, we may leave messages with whomever answers your telephone or e-mail to contact us (but we will not give out detailed PHI), we may call you by name from the waiting room. Since the majority of our patients are children, we may display their names and/or photos in our office. We may ask you to put your name on a sign-in sheet, we may tell you about or recommend health-related products and complimentary or alternative treatments that may interest you, we may review your PHI to evaluate our staff's performance, or our privacy officer may review your records to assist you with complaints. If you prefer that we not contact you with appointment reminders or information about treatment alternatives or health-related products and services, please notify us in writing at our address listed below and we will not use or disclose your PHI for these purposes.

**Required by law:** We may use or disclose your health information when we are required to do so by law.

- The right to request restrictions on certain uses and disclosures 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 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.
- 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.

**Minimum Necessary Rule:** Our staff will not use or access your PHI unless it is necessary to do their jobs. Also, we disclose to others outside our staff only as much of your PHI as is necessary to accomplish the recipient's lawful purposes. For example, we may use and disclose the entire contents of your medical record:

- To you (and your legal representatives as stated above) and any one else you list on a Consent or Authorization to receive a copy of your records;
- To health-care providers for treatment purposes;
- To the U.S. Department of Health and Human Services;
- To others as required under federal or Florida law;
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA.

**Incidental Disclosure Rule:** We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it, but due to the nature of the configuration of our office space, some PHI may be overheard in adjoining areas. To help maintain compliance with nondisclosures, we request parents to remain in the waiting room until requested back by the Doctor or staff.

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. The changes will be effective immediately upon us posting them. You may request a written copy of a revised Notice of Privacy Practices from this office.

**To Complain or Get More Information:** We will follow our rules as set forth in this Notice. If you want more information or if you believe your privacy rights have been violated (e.g., you disagree with a decision of ours about inspection/copying, amendment/correction, accounting of disclosures, restrictions or alternative communications), we want to make it right. We never will penalize you for filing a complaint. To do so, please file a formal, written complaint within 180 days with:

To Us:  
Susan Bennett, RDH  
9327 W. Sample Road  
Coral Springs, FL 33065  
954-752-7651 or 954-345-4188 fax  
sbennettcompmgr@bellsouth.net  
(you may get your complaint form by calling our privacy officer)

To The U.S. Department of  
Health & Human Services:  
Office of Civil Rights  
200 Independence Ave., S.W.  
Washington, DC 20201  
877-696-6775 toll-free

**Unresolved Complaints:** Unresolved complaints will be subject to binding arbitration under the rules of the American Arbitration Association in Broward/Palm Beach County with each party to pay their own attorney's fees and costs.