

## NOTICE OF PRIVACY PRACTICES OF HANCOCK VILLAGE DENTAL (HIPAA)

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

Our practice is dedicated to protecting your PHI. We are required by law to maintain the privacy of PHI and provide you with our legal duties and privacy practice practices with respect to PHI. PHI is information about you, including demographic information that may identify you in relation to your condition and related health care services. This notice explains how we may use this information and your rights to access and control your PHI.

We understand that health information about you and your health is personal. We are committed to protecting your PHI. We create a record of the care you receive and maintain it in order to provide you with quality care and comply with certain legal requirements. This notice applies to all of your care generated by this office. This notice will tell you about the ways we may use and disclose your PHI. We also describe your rights to the health information we keep about you, as well as certain obligations we have regarding the use and disclosure of your health information. We are required to: make sure your health information that identifies you is private, give you this notice regarding your PHI, and follow the terms of this notice. You may request a copy of our notice of privacy practices any time.

REVISION OF THIS NOTICE. We reserve the right to change the terms of this notice, making any revisions applicable to the entirety of the PHI we maintain. If we revise the terms of this notice, we will post a revised notice at our office and will make paper copies of the revised notice of privacy practice available upon request.

AUTHORIZATIONS. We will not use or disclose your PHI for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

### YOUR RIGHTS REGARDING YOUR PHI.

- You may ask us to restrict certain uses and disclosures of your PHI. We will honor your request when it is legally possible.
- Generally, you may inspect and copy your PHI. This right is subject to certain specific exceptions, and you may be charged for any reasonable fees for any copies of your PHI.
- You may ask us to amend your PHI. We may deny your request for specific reasons. If we deny your request, we will provide you with a written explanation for the denial and the information regarding further rights you may have at that point.
- You have the right to receive the accounting of the disclosures of your PHI that we have during the last six years, except for treatment, payment, or health care operations.

### HOW YOUR PHI WILL BE USED AND DISCLOSED.

- Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes disclosure to any other dentists to whom you have been referred to ensure they have necessary information to treat you.
- Payment. Your PHI will be used, as needed, to obtain payment for dental care services. This includes, but not limited to, eligibility in benefits, claims filing, and utilization reviews.
- Office Operations. We may use and disclose your PHI, as needed, in order to support the business activities of our office. These activities include, but are not limited to, training of staff and quality assessment activities. In addition, we may use a sign-in sheet at the front desk where you will be asked to sign in your name. We may also call you by name in the waiting room when your provider is ready to see you.
- Appointment Reminder. We may contact you to provide appointment reminder or to request that you call our office for information about your treatment.
- Disclosure to the Department of Health and Human Services. We may disclose PHI when required by the United States Dept of Health and Human Services.
- Family and Friends. Your expressed verbal or written authorization is required for disclosure of your PHI to family members, other relatives, or close personal friends that are involved in your health care.
- Abuse and Neglect. We may disclose your PHI when it concerns abuse, neglect, or violence in accordance with federal and state law.
- Legal Proceedings. We may disclose your PHI in the course of certain judicial or administrative proceedings.
- Law Enforcement. We may disclose certain parts of your PHI for law enforcement purposes or other specialized governmental function.
- Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to coroners, medical examiners or funeral directors.
- Public Safety. We may use or disclose your PHI to prevent the decrease or serious threat to the health or safety of another or to the public.
- Workers Compensation. We may use or disclose your PHI as authorized by law relating to workman's compensation.
- Business Associates. We may disclose your PHI to a business associate with whom we contract to provide services on our behalf.

QUESTIONS AND COMPLAINTS. If you want more information about our privacy practices or have questions or concerns, please contact us.

Angie Acosta, Office Administrator  
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