

Designing Smiles Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY; THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

The purpose of this Notice of Privacy Practices is to inform you of our policies used to protect privacy of personal information.

Our Legal Duty :

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the Privacy Practices that are described in this notice while it is in effect. This privacy notice takes effect September 23, 2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted and applicable by law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities.

You have the right to get a copy of your paper or electronic medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information in a timely manner, without delay for legal review. Usually within 30 days of your request. We may charge a reasonable cost-based fee for copying as authorized by the Florida Board of Dentistry but we will not condition copying upon payment of a fee for services rendered.

You have the right to ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing within 60 days.

You have the right to request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.

You have the right to ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and may say "No" if it will affect your care. If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "Yes" unless a law requires us to share that information.

You have the right to get a list of those with whom we've shared information. You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with and why. We will include all the disclosures except those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make.) We'll provide one accounting a year for free, but will charge a reasonable cost-based fee if you request another within 12 months.

You have the right to get a copy of the privacy notice. You can ask for a paper copy of this notice at anytime, even if you have agreed to receive the notice electronically we will provide you with a paper copy promptly.

You have the right to choose someone to act for you. If you have given someone medical power of attorney or is someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

You have the right to file a complaint if you feel your rights are violated. You can file a complaint if you feel we have violated your rights by contacting us using the information at the bottom of this page. You can file a complaint with the U.S Department of Health and Human Services. We will not retaliate against you filing a complaint.

For certain health information you can tell us choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choices to tell us to:

Share information with your family, close friends or others involved in your care. Share information in a disaster relief situation. Include your information in a hospital directory. *If you are unable to tell us your preferences, (ex: you are unconscious) we may go ahead and share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission and the written permission specifically lists the type of information being disclosed and prevents re-disclosure: Marketing purposes, sale of your information, most sharing of notes regarding psychotherapy, HIV, and/or substance abuse. In the case of fundraising: we may contact you for fundraising efforts, but you can tell us to not contact you again.

Our Uses and Disclosures: *How do we typically use or share your health information?*

We typically use or share your information to:

Treat you We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our Organization We can use and share your health information to run our practice, improve your care and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for services We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues We can share health information about you for certain situations, such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse; neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Do research We can use or share your information for health research.

Comply with the law We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests We can share health information about you with organ procurement organizations.

Work with medical examiner or funeral director We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation law enforcement and other government requests We can use or share health information about you for workers compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security and presidential protective services.

Respond to lawsuits and legal actions We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities : We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices in this notice and give you a copy of it.

We will not use or share your information other than as described here, unless you tell us we can in writing. You may change your mind at anytime. Let us know in writing.

Changes to the terms of this notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Other information We do not create or manage a hospital directory. We do not create or maintain psychotherapy and/or substance abuse information at this practice. We do not sell patient information in this practice. We do not engage in fundraising in this practice. We do not engage in research studies at this practice. We may ask you about HIV status because it is pertinent to your dental care but will make no further disclosure of such information without specific written consent from you or otherwise required by law. We will never share any psychotherapy, HIV, or substance abuse records without your written permission. A general authorization for release of records is NOT sufficient for us to release this type of information. We will ask you sign a separate written consent form that specifically mentions this type of information before we release this type of information. If you direct us to release this type of information, we will instruct the recipient that further disclosure by the recipient requires your written consent. Under Florida Law, we are unable to submit claims to payers (your health plan) under assignment of benefits without your signature on our consent form. We will not condition treatment on your signing a consent form, but unless you pay in full out-of-pocket, 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.

Questions and Complaints If you want more information about our privacy practices have a question or concern about your personal information; please contact us as indicated below.

Our Privacy Official: Dr. Angela Hilton-Foley
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