

Notice of Privacy Policy

Fishman Pediatric Dentistry

As a patient of this office, the doctor and assistants will obtain information about you and record it in a health record 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.

Some examples of information collected in our office include:

- *Information you provide on our patient history and information forms.*
- *Medical and health information you authorize us to receive from doctors and other health service providers.*

How we use and disclose your information

The primary use of your information is to verify your identity in the course of service provided to you.

- *During the course of your treatment it may be necessary to speak with other doctors and share information to obtain their input.*
- *If we submit a request for payment to your insurance carrier, the insurance company may request information from us regarding medical care given. We will provide information to them about you and the care given.*
- *We obtain services from insurances our other business associates such as quality assessments, quality credentialing, medical review, legal issues and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.*

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. It is your right to:

- *Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to this office. However, we are not required to agree to your request.*
- *Request that you be allowed to inspect and copy your health record and billing information by delivering your request in writing to this office. We may deny this request in certain instances. If we deny a request for any reason you have the right to have our denial reviewed. Our office is permitted to charge a reasonable fee for copying and mailing the protected health information*
- *Request that your health record be amended to correct incomplete information by delivering a written request to our office. You may file a statement of disagreement if your amendment is denied, and request that the request of amendment and any denial be attached in all future disclosures of your protected health information.*
- *Request an accounting of disclosures of protected health information made by this office by submitting a written request to this office. An accounting will not include internal uses of information for treatment, payment, operations, disclosures made to you or at your request, or disclosures to family members or friends in the course of providing care.*

If you wish to exercise any of the above rights, please contact Gina Fishman, Office Manager, 552 Jacksonville Drive Jacksonville Beach, FL 32250 by letter or in person during normal business hours. You will be provided with assistance on the steps to take in order to exercise your rights. If you believe that your privacy rights have been violated, you may file a complaint at our office by delivering a written complaint to this office. You may also file a complaint by mailing it to the Secretary of Health and Human Services. We cannot and will not require you to waive your rights to file a complaint as a condition of receiving treatment or retaliate against you for filing a complaint with the Secretary.

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location and about your general condition.

Signature

Date

Request a copy? YES [] NO []