

NOTICE OF PRIVACY PRACTICES

Dentistry at Windermere

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2964 Buford Highway, Suite 200, Cumming, GA 30041

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. We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes to you how we protect your health information and what rights you have regarding it.

The most common reasons why we use or disclose your health information is for treatment, payment or health care operations. Such as when making an appointment, referring you to another doctor, faxing prescriptions to be filled or examining your teeth, preparing and sending bills or insurance claims, collecting unpaid amounts, financial audits, internal quality assurance, defense of legal matters, or business planning. Unless you object, we will also share relevant information about your care with your family/caregivers who are helping you with your dental care.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION: In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us. Such uses or disclosures are: When a state law mandates that certain health information be reported for a specific purpose. For public health purposes, such as infectious disease reporting. Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence. Uses and disclosures for health oversight activities, such as the licensing of doctors, audits by Medicare or Medicaid. Disclosures in response to subpoenas or court orders. Disclosures for law enforcement purposes, such as someone who is suspected to be a victim of a crime. Disclosure to the medical examiner to identify a person or to determine the cause of death. For public health related research. Uses and disclosures to prevent a serious threat to health or safety. Disclosures to business associations who perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS: We may call or write to remind you of scheduled appointments or that it is time to make an appointment. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION: The law gives you many rights regarding your health information. You can: Ask us to restrict our uses and disclosure for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, you must send a written request. Ask us to communicate with you in a confidential way, such as phoning you at work rather than home or by using email to your personal email address. Ask to see or get photocopies of your health information. By law, there are a few situations in which we can refuse to permit access or copying. For the most part, you will be able to have a copy of your health information within 30 days of asking us (60 days if information is stored off site). You may have to pay for photocopies in advance. To get photocopies, please submit a written request. Ask us to amend your health information if you believe it to be incorrect or incomplete. Get a list of the disclosures that we have made of your health information within the past six years. By law, the list will not include: disclosures required by law & some other limited disclosures. You are entitled to one such list per year at no charge. To request such a list, you must submit a written request. Get additional paper copies of this Notice of Privacy Practices upon request.

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information we may generate in the future. If we change our Notice, we will post the new notice in our office and have copies available in our office.

COMPLAINTS: If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health & Human Services, office for Civil Rights. We will not retaliate against you if you make a complaint.

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge that I have received a copy of Dentistry of Windermere, PC Notice of Privacy Practices.

Printed Patient Name: _____

Date: _____ Patient Signature: _____