

NOTICE OF PRIVACY PRACTICES

Please read carefully. The Privacy of your personal information is very important to us.

Our Legal Duty: We are required by State & Federal law to maintain the privacy of your personal health information. We must follow the privacy practices as described in the HIPAA (Health Insurance Portability Accountability Act) Law which came into effect April 2003.

Uses and Disclosures of Health Information:

We are allowed to use and disclose your health information for the purpose of treatment, payment and other healthcare related operations. For Example;

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose.

Your Family & Friends: We must disclose your health information to you, as described in the Patient Rights Section of this notice. We may not disclose your health information to a family member or friend without your written authorization.

Persons Involved in Your Care: We may use or disclose your health information to notify or assist in the notification of a family member, your personal representative or other person responsible for your care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

Required by Law: We must disclose your personal health information when we are required to do so by law.

Abuse and/or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your safety or the health or safety of others.

Appointment Reminders: Appointment reminders are still allowed under this law provided no personal health information is disclosed regarding the appointment.

Marketing: We will not use your personal information for marketing communications.

Patient Rights:

Access: You have the right to look at or request copies of your health information, with limited exceptions. Your request must be made in writing. There is a \$25.00 fee per set of copies.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your personal information. This request may be made only once per calendar year, with a \$25.00 fee per request.

Amendment: You have the right to request that we amend your health information, we do however, have the right to deny your request. Your request must be made in writing.

Electronic Notice: If you receive this notice on our web site or by e-mail and would like to have a copy mailed to you please call our office.

Questions & Complaints: If you are concerned that we may have violated your privacy rights you may submit a complaint in writing to our privacy officer as listed below. You may also submit a written complaint to the U.S. Department of Health & Human Services or by going to their web site at www.hhs.gov

**Please Mail All Request To: Privacy Officer: Ita Commins
Gariné Prosthodontics, PA., 345 Jupiter Lakes Blvd., Suite 304, Jupiter, FL 33458**

This is to verify that we have provided you with and that you have read our Notice of Privacy Practices

Acknowledgment of Receipt of Privacy Practices Notice – Patient Signature: _____

Date: _____