

# 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 IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

## Our Legal Duty

We are legally required by federal and state law to maintain the privacy of your health information and to inform you in writing about our privacy practices and your rights concerning your health information. We must abide by these privacy practices starting 04-14-03 until we replace them when permitted by law, affecting health information we created or received before or after we make any changes. When any changes are made, they will be made available to you upon request.

## Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

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

**Payment:** We may use and disclose your health information to obtain third party or other payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations including: quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition, you may give us *written* authorization to use your health information or to disclose it to anyone for any purpose, which you may later revoke in writing at any time, not affecting uses or disclosures permitted when your authorization was in effect.

**To Your Family and Friends:** We must disclose your health information to you, as described in the "Patient Rights" section of this notice. We may, with your authorization, disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

**Persons Involved In Your Care:** We may use or disclose health information to notify a family member, your personal representative or another person responsible for your care, of your location, your general condition, although you may object to such uses or disclosures if capable. In the event of your incapacity, emergency circumstances, or your death, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement with you. 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.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required by law to do so.

**Abuse 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 health or safety or the health or safety of others.

**National Security:** Under certain circumstances, we may disclose to military authorities the health information of Armed Forces personnel. We may disclose health information required for lawful intelligence, counterintelligence and other national security activities to authorized federal officials. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with voicemail messages, postcards or letter appointment reminders.

## Patient Rights

**Access:** You have the right to look at or make a written request for copies of your health information, either as photocopies or in some other available format. You may obtain a form from this practice to request access or you may send us a letter to. There will be a minimal fee for photocopying and a reasonable fee for an alternative format.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, *other than* treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we will charge you additional fees for the additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information, although, we are not required to agree to these additional restrictions. If we do, in writing, we will abide by our agreement, except in an emergency.

**Alternative Communication:** You have the right to request, in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location that you request.

**Amendment:** You have the right to request, in writing, that we amend your health information, although we may deny your request under certain circumstances. You must include in your request an explanation of why the information should be amended.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact our office.

If you are concerned that we may have violated your privacy rights in reference to anything stated above, you may submit a written complaint to us and/or to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to privacy and will not retaliate in any way if you choose to file a complaint.

**Dr. Steven Tinsworth**

1500 59<sup>th</sup> St. W., Bradenton, FL 34209-4652, (941) 792-1533

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