



NOTICE OF PRIVACY PRACTICES

1. Your Information.

2. Your Rights.

3. Our Responsibilities.

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.

Your Rights

You have the right to:

- get a copy of your paper or electronic medical record.
- correct your paper or electronic medical record.
- request confidential communication.
- ask us to limit the information we share.
- get a list of those with whom we've shared your information.
- get a copy of this privacy notice.
- choose someone to act for you.
- file a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as we:

- tell family and friends about your condition.
- provide disaster relief.
- include you in a hospital directory.
- market our services and sell your information.
- raise funds.

Our Uses and Disclosures

We may use and share your information as we:

- treat you.
- run our organization.
- bill for your services.
- help with public health and safety issues.
- do research.
- comply with the law.
- respond to organ and tissue donation requests.
- work with a medical examiner or funeral director.
- address workers' compensation, law enforcement, and other government requests.
- respond to lawsuits and legal actions.

More detailed information on each of these three areas follows.

1. Your Rights

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

Get an electronic or paper copy of your 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.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

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 say “yes” to all reasonable requests.

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 we may say “no” if it would affect your care.
- If you pay for a service or health care item 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.

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 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care 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 ask for another one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if 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.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the information listed at the bottom of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services. Upon request, we will provide you with the address to file a complaint with the U.S. Department of Health and Human Services.
- We will not retaliate against you for filing a complaint.

2. Your Choices

For certain health information, you can tell us your 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.

In these cases, you have both the right and choice 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 not able to tell us your preference, (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also 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 not to contact you again.

3. Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

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 your 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 a 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.
- for 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 described 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

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 web site.

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 receive financial remuneration for marketing products or services in this practice.
- We do not sell patient information in this practice.
- We do not engage in fundraising at this practice.
- We do not engage in research studies at this practice.
- We may ask 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 as 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 to 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 specific 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.
- Effective Date of this Notice is May 19, 2014.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, have a question or have a concern about your personal information, please contact us as indicated below:

Our Privacy Official: Jennifer Lima, Office Manager, EDA
Telephone: 904-260-4250
Fax: 904-260-6250
Address: 14815 Mandarin Road, Suite 101. Jacksonville, FL 32223
Email: info@mandarindentalprofessionals.com



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgment.

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Mandarin Dental Professionals this ____ day of _____, 20___. A copy of this signed, dated Acknowledgement shall be as effective as May 19, 2014.

Please print your name

Please sign your name

If you are the legal representative of the patient, please print the patient’s name(s) and describe your authority _____.

Thank you and if you have any questions about this form or the attached Notice, please contact Jennifer Lima our Privacy Official.

Office Use Only

As Privacy Official, I attempted to obtain the patient’s (or representatives) signature on this Acknowledgment but did not because:

- It was emergency treatment _____
- I could not communicate with the patient _____
- The patient refused to sign _____
- The patient was unable to sign _____
- Because (please describe) _____

Signature of privacy official