

Notice of Privacy Practices

For purposes of this Notice “us”, “we” and “our” refers to Pettinato Children’s Dentistry and “you” and “your” refers to our patients (or their legal representatives as determined by us in accordance with Florida informed consent law). When you receive health-care services from us, we will obtain access to your medical information (e.g. your health history). We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do.

Florida law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to maintain the confidentiality of all your health-care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally (‘PHI’ OR Protected Health Information)> HIPAA is a federal law that gives you significant new rights to understand and control how your health information is used. HIPAA and Florida law provide penalties for covered entities and records owners, respectively, that misuse or improperly disclose PHI.

Starting April 14, 2003, HIPAA requires us to provide you with this Notice of our legal duties and the privacy practices we are required to follow when you first come into our office for health-care services. If you have any questions about this Notice, please ask to speak with our privacy officer.

Our doctors, clinical staff, Business Associates (outside contractors we hire), employees and other office personnel follow the policies and procedures set forth in this Notice. If your regular doctor is unavailable to assist you with the name of another health-care provider outside of our practice for you to consult with by telephone. If we do so, that provider will follow the policies and procedures set forth in this Notice or those established for his or her practice, so long as they substantially conform to those for our practice.

Our Rules on How We May Use and Disclose Your Protected Health Information

Under the law; we must have your signature on a written, dated Consent form and/or an Authorization form (not an Acknowledgment form) before we will use and disclose your PHI for certain purposes as detailed in the rules below.

DOCUMENTATION- You will be asked to sign a Consent form and/or Authorization form when you receive this Notice of Privacy Practices. If you did not sign such form or need a copy of the one you signed, please contact our privacy officer. You may take back or revoke your consent or Authorization at any time (unless we already have acted based upon it) by submitting our Revocation form in writing to us at our address listed above. Your Revocation will take effect, when we actually receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your Consent or Authorization prior to revocation (e.g. if after we provide services to you, you revoke your Authorization or Consent to prevent us billing or collecting for those services, your revocation will have no effect because we relied on your Authorization or Consent to provide services before you revoked it.)

GENERAL RULE- If you do not sign our CONSENT form or if you revoke it, as a general rule (subject to exceptions described below under “Healthcare Treatment, Payment, and Operations Rule” and “Special Rules”, we cannot in any manner use or disclose anyone. Excluding you, but including payers and Business Associates) your PHI or any other information on your medical record. Under Florida law, we are unable to submit claims to payers under the assignment of benefits without your signature on the Consent form. We will not condition treatment on your signing an authorization, but 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 form or revoke it.

HEALTH-CARE TREATMENT, PAYMENT, AND OPERATIONS RULE- With your signed Consent we may use or disclose your PHI in order:

- To provide you with or coordinate health-care treatment and services.
- To bill or collect payment from you, an insurance company, a managed-care organization, a health-benefits plan, or another third party.
- To run our office, assess the quality of care of our patients receive and provide you with customer service.

SPECIAL RULES- Notwithstanding anything else contained in this Notice, only accordance with applicable law, and under strictly limited circumstances, we may use or disclose your PHI without your permission, Consent or Authorization for the following purposes:

- When required by federal, state or local law;
- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons;
- When necessary for public health reasons;
- For federal or state government health-care oversight activities;
- For judicial and administrative proceedings and law enforcement purposes;
- For workers’ compensation purposes;
- For intelligence, counter intelligence or other national security purposes;

MINIMUM NECESSARY RULE- Our staff will not use or access your PHI unless it is necessary to do their jobs. In accordance with the law, we presume that request for disclosure of PHI from another Covered Entity (as defined in HIPAA) are for the minimum amount of PHI

to accomplish the requester's purpose. Our privacy officer will individually review unusual or non-recurring request for PHI to determine the minimum necessary amount of PHI and disclosure only that.

INCIDENTAL DISCLOSURE RULE- We will take reasonable administrative, technical and security safeguards to ensure the privacy of your Phi when we use or disclose it.

BUSINESS ASSOCIATE RULE- Business associates and other third parties{ if any} that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in our Business Associate agreement will allow our business associate to violate this re-disclosure prohibition.

CHANGES TO PRIVACY POLICY RULE- We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes, we will post changed Notice, along with its new effective date, in our office. Also, upon request, you will be given a copy of our current Notice.

Our Rules on How We Use and Disclose Your Protected Health Information

If you got this Notice via e-mail or website, you have the right to get, at any time, a paper copy by asking our privacy officer. Also, you have the following additional rights regarding PHI we maintain about you:

TO INSPECT AND COPY- You have the right to see and get a copy of your PHI including, but not limited to, medical and billing records by submitting a written request to our privacy policy officer on our request to inspect, Copy or Summarize form. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if our privacy officer is present at all times.

TO REQUEST AMENDMENT/CORRECTION- If another doctor involved in your care tells us in writing to change your PHI, we will do so as expeditiously as possible upon receipt of the changes and will send you a written confirmation that we have made changes. If you think PHI that we have about you is incorrect, or that something is missing from your records, you may ask us to amend or correct it (as long as we have it) by submitting a Request for Amendment/Correction form to our privacy officer.

TO REQUEST RESTRICTIONS- You may ask us to limit how your PHI is used and disclosed (i.e. in addition to our rules as set forth in this Notice) by submitting a written Request for Restrictions on Use/Disclosure form to us (e.g. you may not want us to disclose your surgery to family members or friends involved in paying for our services or providing your home care). If we agree to these additional limitations, we will follow them except in an emergency where we will not have time to check the limitations. Also, in some circumstances we may be unable to grant your request (e.g. we are required by law to use and disclose your PHI in a manner that you want restricted; you signed an Authorization form, which you may revoke, that allows us to use or disclose your PHI in the manner you want restricted; in an emergency).

TO COMPLAIN OR GET MORE INFORMATION- We will follow our rules as set forth in this Notice. If you want more information or if you believe your privacy rights have been violated (e.g. you disagree with a decision of ours about inspection/copying, amendment/corrections, accounting of disclosures, restrictions or alternative communication), we want to make it right. We never will penalize you for filling a complaint. To do so, please file a format, written complaint within 180 days with:

The U.S Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W
Washington, D.C 20201
(877) 696-6775 (toll free)

Or, submit a written Complaint form to us at the following address: 5252 Village Market, Wesley Chapel FL 33544
You may get our complaint form by calling our privacy officer.

These privacy practices will be effective April 14, 2003 and will remain in effect until we replace them as specified above.

RULES FOR NOPP

FAXING AND E-MAILING RULE- when you request us to fax or e-mail your PHI as an alternative communication and we agree to do so.

PRACTICE TRANSITION RULE- If we sell our practice, our patient's records (including but not limited to your PHI) may be disclosed and physical custody may be transferred to the purchasing doctor, but only in accordance with the law. The doctor who is the new records owner will be solely responsible for ensuring privacy of your PHI after the transfer and you agree that we will have no responsibility for (or duty associated with) transferred records.

INACTIVE PATIENTS RECORDS- We will retain your records for four years from your last treatment or examination, at which point you will become an inactive patient in our practice and we may destroy your records at that time.

