

Trae Pappas, DDS 5170 South Ferdon Blvd Crestview, FL 32536

NOTICE OF PRIVACY PRACTICES

HOW YOUR HEALTH INFORMATION CAN BE USED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION. THIS IS IMPORTANT! READ THIS NOTICE.

OUR LEGAL DUTY:

The law requires that we keep your health information private; and it requires this notice, our legal duties, and your rights about your health information. These required privacy practices and this notice are effective 14 April 2003 and will remain in effect until we replace them. You may request a copy of this notice at any time.

The law allows changing these practices within the limits of the law at any time. Before any significant change, we will change this notice and make it available to you upon request.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. We may disclose information necessary to another health care provider treating you.
2. We may disclose your health information to obtain payment for services provided for you. That information may be disclosed to another provider or entity for its payment for services rendered to you.
3. Your health care information can be used to conduct staff training or to allow outside organizations to evaluate our operations regarding competence or fraud and abuse.
4. ON YOUR WRITTEN AUTHORIZATION, your protected health information can be disclosed to anyone for any purpose. Otherwise, only those disclosures described in this notice are allowed.
5. We may disclose your health information to a family member or friend to the extent necessary to help with your treatment or with payment for treatment unless you object. If you are not present or are incapacitated, our best professional judgement will be used in disclosing only that information which is necessary.
6. Public interest disclosures: as required by law (i.e. disaster relief): Public health statistics or work-related injuries: if you are a possible abuse victim: national security.
7. We may provide you with a reminder of an upcoming appointment.

PATIENT RIGHTS

Access – You have the right to request, **IN WRITING**, access to and copies of your health information. Use the contact information at the end of this form. You will be charged a fee to cover the expense of time and effort.

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, health care operations and previously listed other activities for the last six years, but not before 14 April 2003. A cost-based fee may be assessed.

Restriction – You can request additional disclosure restrictions. We are not required to agree to any, but if we do, we would abide by that agreement, except in an emergency.

Amendment – You can request, **IN WRITING**, that we amend your health information. An explanation of why we should amend your health information should be included in such a request. The request can be denied in certain circumstances.

QUESTIONS AND COMPLAINTS.....can be directed to the contact officer listed below, OR the U.S. Department of Health and Human Services. We support your right to privacy of your health information.

Contact Officer: Steven Barry, D.M.D. 5170 South Ferdon Blvd, Crestview Fl. 32536 Telephone: 850-689-2332

X _____ Date _____