



NOTICE OF PRIVACY PRACTICES

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.

PRIVACY OF PATIENT RECORDS

Each time you visit our offices or receive treatment from us, a record of your visit is made. This record may contain your symptoms, examination and test results, diagnoses, treatment, a plan for future care of treatment, and billing-related information. This notice applies to all of the records of your care generated by your dentist.

We are required by federal and state law to maintain the privacy of your protected health information, to provide you with this Notice about our legal duties and privacy practices with respect to that protected health information, and to notify any affected individuals following a breach of any unsecured protected health information. We will abide by the terms of the notice currently in effect.

We reserve the right to change this Notice; the revised Notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and will include the new effective date. Copies of any revised notices will be available on our website and will be provided to you upon your next visit to our office after the effective date.

USES AND DISCLOSURES—How we may use and disclose protected health information about you

We can use and disclose your health information as follows:

To Providers of Treatment: We may use protected health information about you to provide you with treatment or services. We may disclose protected health information about you to dentists, physicians or other healthcare providers in our health care team providing treatment for you. For example, we may need to communicate with your general dentist to plan your treatment and follow-up care.

To Obtain Payment: We may use and disclose your protected health information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. For example, we may need to give your insurance company information about your diagnosis so that it will pay us or reimburse you for the treatment.

For our Healthcare Operations: We may use or disclose your protected health information in order to run our practice. For example, members of the dental team may use information in your dental record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve.

We may also use and disclose protected health information:

- To business associates we have contracted with to perform an agreed-upon service
- To remind you that you have an appointment for dental care
- To assess your satisfaction with our services
- To inform you about possible treatment alternatives
- To inform you about health-related benefits or services
- To conduct case management or care coordination services
- To contact you as part of our fundraising efforts, if any, though you will have the right to opt out of such communications
- To contact funeral directors consistent with the law
- For population-based activities relating to improving health or reducing health care costs
- For conducting training programs or reviewing competence of dental professionals.

To Persons Involved in Your Care or Payment for Your Care: We may release protected health information about you to a friend or family member who is involved in your dental care or who helps pay for your care. Information may include your location, your general condition, illness, or death. If you are present, we will provide you an opportunity to object to such uses or disclosures.

Research: We may disclose your health information to researchers when an institutional review board has approved the disclosure based on adequate safeguards to ensure the privacy of your health information and as otherwise allowed by law.

Future Communication: We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community based initiatives or activities in which our facility is participating.

Other Uses after Patient Authorization: Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your protected health information, or other uses and disclosures not described in this notice or required by law will be made only with your separate written permission. If you give us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time.

AS REQUIRED BY LAW, we may disclose your health information to the following types of entities including, but not limited to:

- The US Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury, disability, or other threat to health or safety
- Correctional institutions (if you are in the custody of a correctional institution or a law enforcement officer)
- Workers' compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies'
- Funeral directors, coroners, and medical examiners
- Protective services for the president and others.

Law enforcement/ Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

- Inspect and copy protected health information. You may request access to your records by contacting us. You may also ask that we send your health information directly to another person based on your signed written instructions. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed in some situations. Another licensed health care professional chosen by us will review your request and the denial. We reserve the right to charge you a reasonable fee to cover the cost of providing you with a copy of your records.
- Request an amendment. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information by making a request in writing that explains the reason for the requested amendment. You have the right to request an amendment for as long as the information is kept for and by us. We may deny your request for an amendment; if this occurs, you will be notified of the reason for the denial.
- Request restrictions or limitations on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a root canal you had. We are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless information is needed to provide you emergency treatment. If you ask us not to disclose your health information to your dental insurance plan, we will agree as long as (i) the disclosure would be for the purpose of payment or health care operations and is not otherwise required by law and (ii) the information only relates to items or services that someone other than your dental insurance plan has paid in full.
- Request confidential communications. You have the right to request that we communicate with you about dental matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. mail. We will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where you will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize that we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.
- A paper copy of this notice. You may ask us to give you a copy of this notice. You may obtain a copy of this notice at our website at www.essentialendodontics.com.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer at (239) 728-3636, or by contacting the Secretary of the US Department of Health and Human Services.

You will not be penalized for filing a complaint.

For further information, contact the Privacy Officer

EssentialEndodontics.com

14171 Metropolis Ave, Suite 201, Fort Myers, FL 33912

Phone (239) 728-endo Fax (239) 693-3637