

## 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. If you have any questions about this notice, please contact our Privacy Contact with our office, Raymond S. Vicente, DMD.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations, and for other purposes permitted or required by law. It also describes your rights to access and control your protected information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling a requesting a revised copy be sent to you or asking for one to be given on your next appointment.

### 1. Uses and Disclosure of Protected Health Information

Your protected health information may be used and disclosed by the physician, our staff and others outside our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected healthcare information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice, and to confirm and/or coordinate appointments.

Examples of types of uses and disclosures of your protected health information that the physician is permitted to make are for the purpose of treatment, payment, and healthcare operations.

### 2. Other Permitted and Required Uses and Disclosures that may be made without your consent, authorization, or opportunity to object

Your protected health information may be disclosed without your consent, authorization, or opportunity to object under these situations:

Information required by Law  
Information for Public Health  
Information in regards to Communicable Diseases  
Abuse and Neglect Cases  
Information required by the Food & drug Administration  
Legal Proceedings  
Law Enforcement  
Inmate with a Correctional Facility

Coroners and Funeral Directors  
Organ Donation Agencies  
Information for research  
Criminal Activity  
Worker's Comp Cases  
Military and National Security  
Health Oversight Agencies

### 3. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of your protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record" set contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information may not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best to permit use and disclosure of your protected health information

**You have the right to receive confidential communications from us by alternative means or at an alternative location.** Please make this request in writing to our Privacy Contact

**You may have the right to have your physician amend your protected health information.** Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This right applies to disclosures for purpose other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for facility directory, to family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this notice from us.**

### 4. Complaints

You may complain to us or to the Secretary of health and Human Services if you believe your privacy right have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you filing a complaint.

You may contact our Privacy Contact, Dr. Raymond S. Vicente, at 843-863-8634 for further information about the complaint process.

This notice was published and becomes effective on January 1, 2004.