



Contemporary Periodontics & Implant Dentistry

8487 Fourth Street North • St. Petersburg, FL 33702 • (727) 579-8487

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED
AND YOUR RIGHTS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

We at Contemporary Periodontics & Implant Dentistry are and have always been committed to protecting the confidentiality of your personal health information.

We use, disclose and also share among us your health information as necessary for your treatment, to obtain payment for treatment, for our operational purposes, including administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a dental record that is the physical property of Contemporary Periodontics & Implant Dentistry.

How We May Use and Disclose Your Health Information

For treatment. We may use and disclose your health information to provide you with dental treatment or services. For example, we may review your health history to form a diagnosis and treatment plan, consult with other doctors about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other health-care providers, schedule lab work for you, etc.

For Payment. We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive, or as necessary for other providers or entities to obtain or provide payment for your treatment. For example, a bill may be sent to you or a third-party payer, such as an insurance company or dental plan. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Healthcare Operations. We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the dental staff, risk or quality improvement personnel, and others to:

- Assess the quality of care and outcomes in your case and similar cases
- Learn how to improve our facilities and services
- Determine how to continually improve the quality and effectiveness of the dental care we provide

In addition, we may disclose your health information to other healthcare providers or entities for their operational purposes under limited circumstances and only if they have had a relationship with you to which your information pertains.

Appointments. We may use your information to provide appointment reminders or health information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required By Law. We may use and disclose your health information as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement personnel in their law enforcement duties

Public Health. Your health information may be used and disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Your health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Research. We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Patient Education. We may use your information to contact you about treatment options and other health-related topics. These include disease-management programs.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed to specialized governmental functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation. Your health information may be used and disclosed in order to comply with laws and regulation related to Workers Compensation.

Individuals Involved in Your Care or Payment of Your Care. We may release information about you to a friend or family member who is involved in your dental care. We may also give information to someone who helps pay for your care. We may also discuss your treatment with family and friends when necessary.

Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, we are not required to agree to a requested restriction
- Obtain a paper copy of the Notice of Privacy Practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- Amend your health record as provided for in 45 CFR §164.526
- Request that communications about your health information be made by alternative means or to an alternative location
- Revoke your authorization to use and disclose health information except to the extent that action has already been taken
- Receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528

To exercise these rights, contact our Privacy Officer at the address on the back panel of this Notice.

We will not require you to waive the above mentioned rights in order to receive treatment.

Our Obligations

We are required to:

- Maintain the privacy of your protected health information
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information
- Abide by the terms of this Notice
- Obtain your written authorization to use and disclose your health information for reasons other than those listed in this Notice and permitted under law

Changes to this Notice. We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain, including the information we obtained prior to the change. Revised notices will be made available to you upon request by contacting our Privacy Officer at the address below.

Complaints

You may express your concerns to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint with us, contact our Privacy Officer at (727) 579-8487. To file a complaint by mail, send it to the following address:

**Privacy Officer
Contemporary Periodontics
& Implant Dentistry
8487 Fourth Street North
St. Petersburg, FL 33702**