

## Your Rights Regarding Medical/Dental Information About You.

Regency Dental is committed to protecting medical and dental information about you. This Notice describes Regency Dental's privacy practices and that of all its employees and staff. This Notice will tell you about the ways in which we may use and disclose medical/dental information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical and dental information. We are required by law to:

- **Give you this Notice of our legal duties and privacy practices with respect to medical and dental information about you.**
- **Make sure that medical and dental information that identifies you is kept private; and**
- **Follow the terms of the Notice that is currently in effect.**

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

The following categories describe different ways we use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the listed categories.

**Treatment:** We may use and disclose medical/dental information about you to provide you with dental treatment and services. For example, we may disclose the last time you had a cleaning or x-rays with a specialist that we may refer you to, so they are able to coordinate their treatment plans accordingly.

**Payment:** We may use and disclose medical/dental information about you so that the treatment and services you receive at Regency Dental may be billed and payment may be collected from you, and insurance company, or a third party. For example, we may need to give your insurance company information and x-rays in regards to services performed on you so your insurance company will either pay us or reimburse you for the services.

**Office Operations:** We may use and disclose medical/dental information about you for Regency Dental operations. These uses and disclosures are necessary to the Operation of Regency Dental, and make sure that all of our patients receive quality care. For example, we may use your information to discuss with our Hygienist in regards to the type of cleaning you may need.

**Appointment Reminders:** We may use and disclose medical/dental information to contact you as a reminder that you have an appointment for treatment at Regency Dental.

**Treatment Alternative:** We may use and disclose medical/dental information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Dental-Related Benefits and Services:** We may use and disclose medical/dental information to tell you about dental-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care of Payment for Your Care:** We may release medical/dental information about you to a close personal friend or family member who is involved with your dental care or payment of your care,

So long as you have not objected and it is reasonable for us to infer that such disclosure is in your best interest. We may also tell that person that you are at Regency Dental and your general condition.

**Special Purposes When Permitted or Required by Law:** We may disclose medical/dental information about you as for special purposes when permitted or required by law, including but not limited to the following.

- **To avert a serious threat to health or safety against you, the public, or another person.**
- **For public health and administrative oversight activities such as disease control, abuse, or neglect reporting, health and vital statistics, audits, and licensure reviews.**

For research purposes limited information may be disclosed as permitted by law.

- **For organ and tissue donation and transplant to facilitate organ or tissue donation and transplant.**
- **To worker's compensation or similar programs for the payment of benefits for work-related injuries.**
- **To coroners, medical examiners, and funeral directors to identify a deceased person, cause of death, or to carry out duties.**
- **To comply with court orders judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activities**
- **For U.S. Military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military.**

- **For national security and intelligence activities such as protective services for the President and other authorized persons.**

**State and Other Federal Laws:** Regency Dental will comply with all applicable state and federal laws. For example, under state law, there are more limits on the disclosure of HIV and AIDS information. Regency Dental will continue to abide by all applicable state and federal laws.

**Other Uses of Medical/Dental Information Require an Authorization:** Other uses and disclosures of dental information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us an authorization to use or disclose medical/dental information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

**Your Right to Inspect and Copy:** You have the right to inspect and copy dental information that may be used to make decisions about your care. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Your Right to Amend:** If you feel that medical/dental information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to add a statement. You must provide a reason that supports your request for an amendment.

**Your Right to Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of dental information about you. Your request must state a time period. We may limit the time period to 5 years and disclosures made on or before January 1, 2003. The first list your request within a 12-month period is free. For additional lists, we may charge you for the costs of providing the list.

**Your Right to Request Confidential Communications:** You have the right request that we communicate with you about dental matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

**Right to File a Complaint:** If you believe your privacy rights have been violated, or you have a complaint, you may file a complaint with Regency Dental. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. **You will not be penalized in any way for filing a complaint.**

#### **CHANGES TO THIS NOTICE**

We reserve the right to change the notice, to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will make copies available upon request.

You have many rights with regard to your dental information. If you wish to exercise any of these rights, please submit your written request to:

**Regency Dental**

**910 SW St. Lucie West Blvd.**

**Port St. Lucie, FL 34986**