

SOUTHWEST FLORIDA DENTAL GROUP

SUMMARY OF PRIVACY PRACTICES

This summary of our privacy practices is contains a condensed version of our Notice of Privacy Practices. Our full-length Notice follows this summary.

Date of Last Revision: October 28, 2014
Effective Date: Immediately

This information is made available on request by a patient

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.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your Protected Health Information is kept private.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the Notice of Privacy Practices that follows this summary):

- For medical treatment
- To obtain payment for our services
- In emergency situations
- For appointment and patient recall reminders
- To run our Practice more efficiently and ensure all our patients receive quality care
- For research
- To avert a serious threat to health or safety
- For organ and tissue donation
- For workers' compensation programs
- In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You have certain rights regarding the information we maintain about you. These rights include:

- The right to inspect and copy
- The right to amend
- The right to an accounting of disclosures
- The right to request restrictions
- The right to a paper copy of this notice
- The right to request confidential communications

For more information about these rights, please see the detailed Notice of Privacy Practices.

SOUTHWEST FLORIDA DENTAL GROUP

Privacy Notice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE IS EFFECTIVE AS OF SEPTEMBER 23, 2013.

Your Right to Know

You have a right to know what we do with the personal and confidential information we collect about you in the normal course of providing healthcare. Southwest Florida Dental Group is committed to maintaining the confidentiality, integrity and security of personal and medical information entrusted to us by our patients. We want you to know how we protect your information and how we responsibly use it. We hope you will take a moment to review our Privacy Policy.

You can be certain that protection of your personal health and financial information is one of our priorities.

Southwest Florida Dental Group strives to protect the personal healthcare and financial information of current and former patients. To maintain the level of service you expect from us, we may need to share limited personal health and financial information within the medical community (such as your referring health care professionals), with select insurance companies, and/or other third parties (i.e. Medicare and Business Associates for operations purposes).

You have the right to request an electronic copy of your records, and a complete copy of all your Protected Health Information will be provided to you or your clearly identified designee. We will do so within 30 days of the request. We reserve the right to put your records on an electronic media storage device of our choosing, and to require payment for the labor costs to respond to the request.

Personal Information We Collect

We need accurate, current health and financial information about you so that we can determine your health problems and meet your specific needs. We collect personal information that you provide to us on applications, other forms and in interviews. In addition, we maintain information about your transactions with us, such as fee payments, insurance coverage and payment history. We may obtain additional information from third parties that may include employers, other insurers and consumer reporting agencies or other healthcare providers in the course of administering your healthcare or processing your financial claims.

Information We May Disclose

We may share your personal financial and health information on a confidential basis only with authorized employees, representatives and third parties whose services are required to assure the highest level of service to you. We will disclose only the information that is necessary to such individuals or companies who perform healthcare or financial services on your behalf. We may share selected financial information about you with your insurance

companies in order to ensure proper payment on your behalf.

We will not disclose any non-public personal information about you or about any other patients or former patients except as authorized by law, as described in this Privacy Notice or as otherwise communicated to you. There may be circumstances in which we are ordered by a court to provide Protected Health Information. If we need to make disclosure of any non-public personal information, we will seek your authorization. That authorization will be specific to the reason cited, and in writing, and can be revoked by you in writing at any time.

Because we respect and share your concern for privacy, we will not provide your health information to anyone outside of our practice except as described above. We reserve the right to make any material change in this Privacy Notice, however, we will notify you if we do so.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and related laws, and rules, requires notifications be given to patients of what may be done with Protected Health Information. Unless we have authorization, we will not use or disclose any psychotherapy notes that come into our possession or use or disclose any Protected Health Information for marketing, fundraising or for sale.

You have the right to revoke any authorizations given, and to opt out of communications such as fundraising communications.

You have the right to restrict disclosures to your health plan when you request, in writing, that we not disclose such information and you have paid for the service in full out of your own pocket, unless otherwise required or permitted by law. This includes the right to request a paper prescription. It is your responsibility to notify your health plan of the restriction.

Protection of Your Information

Reasonable care will be taken to keep pertinent records current, complete and accurate, if you see any inaccuracy in your billing statements, or in any other communication from us, we would appreciate your assistance in making corrections by contacting us. You have the right to request corrections to your records.

We will protect all information collected about you, and we will restrict access to your non-public personal information by maintaining physical, electronic and procedural safeguards. We will restrict access to the protected data to only those individuals who must use it in the performance of their job-related duties. Employees who violate our Privacy Policy will be subject to disciplinary action, which may include termination.

You have the right at any time to request restrictions on what we may disclose or to inspect the information before we disclose it. In addition, you may ask for copies of your protected health information at any time. Finally, you have the right to receive an account of disclosures of your protected health information.

You have the right to restrict disclosures to your health plan when you request, in writing, that we not disclose such information and you have paid for the service in full out of your own pocket, unless otherwise required or permitted by law. We are not required to agree to all requested restrictions. This includes the right to request a paper prescription. It is your responsibility to notify your health plan of the restriction.

Safeguards in Place at Southwest Florida Dental Group

At Southwest Florida Dental Group we have administrative, technical and physical safeguards in place to ensure

privacy.

These include:

- Policies and procedures for handling information.
- Limited access to facilities where information is stored.
- Requirements for third parties to comply with privacy laws.
- Continuous review of Southwest Florida Dental Group security practices.

We provide training on confidentiality and patient privacy to ensure employees are dedicated to keeping your personal information safe and secure.

At times, we need to disclose your non-public personal information to insurance companies as necessary to effect, administer, or enforce our transactions with you. We may also share all of this information with other healthcare providers that perform services on your behalf. They too must follow the law and keep the information confidential.

Our Commitment to You

You are a valued patient, and the information you provide to us is safe and used responsibly. We will continue to maintain your privacy and provide you with information about how we share your non-public personal health and financial information.

Above all, we value your trust and your confidence in our ability to manage and protect your important personal information.

If you have any questions or concerns about our Privacy Policy, please contact us by telephone at (239) 284-1010, by Fax at (239) 489-3627, or by email at contactus@swfldentalgroup.com and communicate with our administrator or communicate in writing to:

SOUTHWEST FLORIDA DENTAL GROUP

Attn: Administrator
15650 San Carlos Boulevard
Fort Myers, FL 33908

If you are not satisfied, you may write directly to:

Secretary
Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

Patient Printed Name

Patient Signature

Date: _____

SOUTH WEST FLORIDA DENTAL GROUP

PATIENT COMMUNICATION FORM

A. Family and Friends. It is the office policy of SOUTH WEST FLORIDA DENTAL GROUP not to release confidential medical information regarding your treatment to family members or friends, except for (i) parent/legal guardian, (ii) other persons authorized by the patient, (iii) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend into the exam room, we will assume, unless you object, that that person is entitled to receive information regarding your treatment), (iv) in emergency situations, or (v) other as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you anticipate that you will need or want your medical information to be provided to family members, friends, or caretakers/babysitters, please indicate that below, so that we may best serve you. If you do not want any of your medical information provided to a family member, please check (✓) the line next to the "no" response. By signing below, you authorize the following people to receive information regarding your treatment or care. (If you wish to add names later on, please confirm this in writing, or call our staff.)

Spouse: _____	_____ yes	_____ no
Parent: _____	_____ yes	_____ no
Other: _____	_____ yes	_____ no
_____	_____ yes	_____ no
_____	_____ yes	_____ no

B. Alternative Communications. You are also entitled to specify alternative, reasonable means of communication, if you do not wish to be contacted by us in a certain way.

I hereby request the following means of contact only: _____

PRINTED NAME _____

Patient/Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE

Changes to above authorized by patient over phone:
Change

	Date	Staff Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____