

ATLANTIC FLORIDA DENTAL, INC.
NOTICE OF PRIVACY PRACTICES SHORT FORM

Our practice is committed to educating our patients about healthcare issues that affect them. As a result we are providing you with general information about the Privacy Rule, a federal regulation of the **HEALTH INSURANCE AND PORTABILITY AND ACCOUNTABILITY ACT OF 1996. (HIPAA)** along with a brief overview of our Notice of Privacy. Our practice is complying with HIPAA'S regulations.

What is HIPAA and how does it affect you ?

When the Health Insurance and Portability and Accountability Act (HIPAA) was passed in 8/1996, this gave the federal government the ability to mandate how healthcare plans, providers and clearinghouses store and send patients personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to be compliant with this regulation on April 2003. Under the Privacy Rule you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

What is Individually Identifiable Health Information? (IIHI)

Any health information you provide our practice including your mailing address, IIHI is any information that is created and retained by Our Practice or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual

What is Notice of Privacy Practices ?

Our office has an Official Notice of Privacy Practices posted in our waiting room informing our patients about their rights surrounding the protection of your IIHI and our obligations concerning the use and disclosure of your IIHI. This Notice applies to all records created or retained by our practice. We can update our Notice of Privacy Practices at any time. It will be posted in our waiting room and you can ask for a copy of the current notice at any time.

The following categories describe the different ways in which we may use your IIHI:

TREATMENT	APPOINTMENT REMINDERS	RELEASE TO FAMILY/FRIENDS
PAYMENT	TREATMENT OPTIONS	DISCLOSURE BY LAW
HEALTH CARE OPT.	HEALTH RELATED BENEFITS SERVICES	

The following categories describe unique situations in which we may use or disclose your IIHI:

Public Health Risks	Health Oversight Activities	Lawsuits	Law enforcement
Deceased Patients	Organ / Tissue Donation	Serious threats to Health or Safety	
Military	National Security Inmates	Workers Compensation	
Research			

What are your rights concerning your Individually Health Information (IIHI) ?

You have rights regarding the IIHI that we maintain about you, In our Notice of Privacy you can review the policies and procedures you will need to follow the areas listed below:

1. Confidential Communications
2. Requesting Restrictions
3. Inspection of copies
4. Amendment
5. Accounting Disclosures
6. Right to paper copy of this notice
7. Right to file a complaint
8. Right to provide an Authorization for Other Uses and Disclosures.

IF YOU REQUEST A COMPLETE COPY OF YOUR CHART INCLUDING X-RAYS, PHOTOS, ETC, THE BOOKKEEPING DEPT, CHARGES A MINIMUM OF \$ 55.00 , REQUESTS CAN TAKE UP TO 14 DAYS TO PROCESS. ALL REQUESTS FOR RECORDS MUST BE IN WRITING AND PREPAID.

I UNDERSTAND THAT I DO NOT BECOME A PATIENT OF RECORD AND DO NOT HAVE A DENTIST OF RECORD UNTIL A COMPREHENSIVE EXAM AND A FINAL TREATMENT PLAN HAS BEEN SIGNED BY ME THE PATIENT AND THE DENTIST. TODAY IS A LIMITED SCREENING EXAM ONLY.

NAME OF PERSON I, AUTHORIZE TO REQUEST OR REVIEW, OR DISCUSS MY DENTAL RECORDS ; _____

Signature

Print Name of Patient

DATE