



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you may access this information. Please review it carefully!

Effective Date: 9/1/2013

The practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding your PHI that we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy.

How We May Use and Disclose Protected Health Information

The following describes the ways we may use and disclose PHI that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer, Adam Barr, DDS.

For Treatment

We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment

We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you receive. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers

or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your PHI by delivering the request to our practice—we are not required to grant the request, but we will comply with any request that is granted;
- Request we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing, and it must specify how or where you wish to be contacted. We will accommodate reasonable requests;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information (Notice) by making a request at our practice or view it on our website, adambarrdds.com;
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request to our practice. Under certain circumstances, your request may be denied. If your request is denied, you will be informed of the reason for the denial and a copy of the record or a summary of your treatment will be provided to a representative that you designate to receive this information. You may appeal a denial of access to your PHI, except in certain circumstances;
- Request a copy of your electronic medical records be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our practice. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of your PHI kept by or for the practice;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete;

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Obtain an accounting of disclosures of your PHI for purposes other than treatment, payment, and health care operations or for which you provided written authorization by delivering a written request to Adam Barr, DDS.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our practice, except to the extent information or action has already been taken.
- Request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Adam Barr, DDS. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

If you want to exercise any of the above rights, please contact:

Adam Barr, DDS, 352-357-7900,
980 Mt. Homer Rd. Eustis, FL 32726
in person or in writing, during regular business hours. He will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The practice is required to:

- Maintain the privacy of your PHI as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate your PHI with you; and
- Notify you of a breach in your unsecured PHI.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Adam Barr, DDS. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Adam Barr, DDS. You may also file a complaint by mail, phone or via website to the Secretary of Health and Human Services (HHS):

Office for Civil Rights
U.S. Department of Health and
Human Services
200 Independence Avenue S.W.
- Room 509F, HHH Building
Washington, D.C. 20201
877-696-6775
www.hhs.gov/ocr/hipaa

We cannot, and will not, require you to waive the right to file a complaint with HHS as a condition of receiving treatment from the practice.

We cannot, and will not, retaliate against you for filing a complaint with HHS.

Other Disclosures and Uses

Appointment Reminders

We may use and disclose PHI to contact you to remind you that you have an appointment with us.

Health Related Benefits and Services

We may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates

We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Individuals Involved in Your Care

When appropriate, we may disclose your PHI to a person who is involved in your medical care or payment for your care such as a family member, other relative, close personal friend, or any other person you identify relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Notification

Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Disaster Relief

We may use and disclose your PHI to assist in disaster relief efforts.

Organ Procurement Organizations

Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA)

We may disclose to the FDA your PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

As authorized by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect

We may disclose your PHI to public authorities as allowed by law to report abuse or neglect.

Employers

We may release your PHI to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written

notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Military and Veterans

If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

As Required by Law

We may disclose your PHI for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

To avert a serious threat to health or safety, we may disclose your PHI consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Specialized Governmental Functions

We may release your PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law, or to public assistance program personnel.

Marketing or Sales

Uses and disclosures of your PHI for marketing or sales purposes will be made only with your written authorization.

Coroners, Medical Examiners, and Funeral Directors

We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

Other Uses

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."