



## Welcome to the Dental Office of David J. Weiner, D.M.D., P.A.

### PRIVACY POLICY STATEMENT

You have been provided with our privacy policy. You may choose to read it now or, if you wish, you may request a personal copy of this policy to keep for your files and read later. Please sign the acknowledgement below that you have received this form.

#### Consent and Acknowledgement of Receipt of Notice

I hereby acknowledge that I have read or I have received a copy of the **Notice of Privacy Practices** of this dental office, and I authorize this office to use and disclose my health and/or financial information for treatment and/or payment purposes, including billing my insurance company and for healthcare operations.

Patient's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this form is signed by someone other than the patient, please indicate your relationship to the patient:

\_\_\_\_\_ Parent or guardian of a minor patient

\_\_\_\_\_ Guardian or conservator of an incompetent patient

\_\_\_\_\_ Beneficiary or personal representative or a deceased patient

\_\_\_\_\_ Other. Please state: \_\_\_\_\_

**DAVID J. WEINER, D.M.D., P.A.**  
**224 S.E. 1<sup>st</sup> Street**  
**Miami, FL 33131**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS FOLLOWS THE HIPAA ACT OF 1996 (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)**

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your right concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 15, 2003 and will remain in effect until we replace it. We reserve the right to change it at any time.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. We will always use the minimum amount of information necessary. For example:

**Treatment:** We may use or disclose your health information to a physician, dental specialist or other healthcare provider providing treatment to you. We may also disclose to our staff members involved in your care.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. You may notify us verbally.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Judicial Administrative Proceedings:** Your health information may be disclosed for the purposes of a judicial or administrative proceeding only when accompanied by a court or administrative order or grand jury subpoena.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

#### **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your (or your child's) health information, with limited exceptions. Both parents may have access to a child's health information unless there is a legal documentation otherwise. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to our health information). You may obtain a form to request access by using the contact information at the end of this Notice. We will charge a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the front of this Notice. If you request copies, we will charge you \$1.00 per page, \$5.00 per quarter of staff time to locate and copy your health information, and postage if you want copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. This request must be made in writing.

**Special privacy protection:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To do this, you must fill out a Request for Special Privacy Protection.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make this request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Our office policy is to contact you at all of the phone numbers you have provided us, and to leave messages on recorders or voice mail. It is also our policy to send mailings for check-ups.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Chart entries may not be removed. The amendment will be written and dated as a separate entry.

**Protecting your health information:** Our staff has been trained to be compliant with our policies. Our business associates are contractually bound to protect health information. HIPAA requires record retention for 6 years.

**Questions and Complaints:** If you want more information about our privacy practices or have questions or concerns, please contact our privacy officer who is assigned the responsibility of implementing and maintaining the HIPAA Privacy and Security Rule's requirements. If you are concerned that we may have violated your privacy rights, you may file a written complaint to us. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Morayma Alfonso  
305-530-1866