



HIPAA Notice of Privacy Practices

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.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

American Pediatric Dental Group (“APDG”) may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless APDG has obtained your authorization or the use or disclosure is otherwise permitted by federal or state law.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may use or disclose your protected health information to schedule an appointment for you, perform a dental or physical examination, prescribe medications and fax or send them electronically to be filled, perform diagnostic tests, refer you to another health care provider for additional or specialist services, or get copies of your health information from another health care provider that you may have seen before. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment. Your protected health information will be used, as needed, to bill and collect payment for the services we provide to you. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, we may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services, or as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities. We may release information to an outside agency for collection purposes.

C. Health Care Operations. We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of APDG and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities;
- Employee review activities;
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision;
- Accreditation, certification, licensing, or credentialing activities;
- Review and auditing, including compliance reviews, medical reviews, legal services, and maintaining compliance programs; and
- Business management and general administrative activities.

In some limited situations and if certain conditions are satisfied, we may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures. As part of treatment, payment, and health care operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment or the need to make a routine appointment (please note that such reminders may be communicated by telephone, mail, e-mail, text, or by leaving a message on the answering machine of a telephone number that you have provided);
- To inform you of potential treatment alternatives or options; or
- To inform you of health-related benefits or services that may be of interest to you.

II. USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

In some limited situations and if certain conditions are satisfied, we may also use or disclose your protected health information without your permission or authorization. Not all of these situations will apply to us; some may never occur at all. Such uses or disclosures include the following:

A. When Legally Required. We will disclose your protected health information when we are required to do by law federal or state law.

B. When There Are Risks to Public Health. We may disclose your protected health information for certain public health activities and purposes, as permitted and/or required by law, including, but not limited to, the following:

- To prevent, control, or report disease, injury, or disability;
- To report vital events such as birth or death;
- To conduct public health surveillance, investigations, and interventions;
- To collect or report adverse events and product defects to the Food and Drug Administration (“FDA”); track FDA-regulated products; and enable product recalls, repairs, or replacements to the FDA; and conduct post-marketing surveillance; and
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

C. To Report Abuse, Neglect, or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence. It is the responsibility of any/all personnel to alert the proper authorities in the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse, including sexual abuse, and to comply with proper procedures for the reporting, as required or authorized by law.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities, including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your protected health information if you are the subject of an investigation and such investigation does not arise out of and is not directly related to the receipt of health care; a claim for public benefits related to health; or qualification for, or receipt of, public benefits or services when your health is integral to the claim for public benefits or services.

E. In Connection with Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if certain conditions are met.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes, such as the following:

- As required by law, including laws that require the reporting of certain types of wounds or other physical injuries;
- Pursuant to court order, court-ordered warrant, subpoena, summons, or similar process;
- For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- Under certain limited circumstances, when you are the victim of a crime;
- To a law enforcement official if APDG has a suspicion that your death was the result of criminal conduct;
- To disclose information that we, in good faith, believe constitutes evidence of criminal conduct that occurred on our premises; or
- In an emergency in order to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

H. For Research Purposes. We may use or disclose your protected health information for research in limited circumstances and only if the use or disclosure for research has been approved by an institutional review board or privacy board.

I. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

J. For Specified Government Functions. In certain circumstances, we may use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. We may release your protected health information to comply with worker's compensation laws or similar programs.

III. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION, BUT WITH OPPORTUNITY TO OBJECT

We may disclose your protected health information to a family member, close personal friend, or another person responsible for your care if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify a family member, personal representative, or another person responsible for your care concerning your location, condition, or death. You may object to these disclosures. If (i) you do not object to these disclosures, (ii) we reasonably infer from the circumstances that you do not object to the disclosure, or (iii) you are not present, or the opportunity for you to agree or object to the use or disclosure cannot be provided because of your incapacity or an emergency situation, and we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, then we may disclose your protected health information as described.

IV. USES AND DISCLOSURES WHICH YOU AUTHORIZE

Other than as stated above, we will not disclose your protected health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. Except as otherwise permitted or required by law, we will request your authorization before disclosing any information relating to treatment for mental health, substance abuse, genetic testing, or HIV or AIDs. Most uses and disclosures of any psychotherapy notes and of your health information for marketing purposes and for the sale of your health information require your written authorization.

V. YOUR RIGHTS

The law gives you many rights regarding your protected health information. You can request any of the following rights by sending a written request to the Privacy Contact at the APDG office where received services (the contact information for the Privacy Contact at each APDG office is provided in Section IX of this Notice):

A. The Right to Inspect and Copy Your Protected Health Information. Except as otherwise prohibited by law, you may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information in a designated record set. A “designated record set” contains medical and billing records and any other records that are used to make decisions about you. If we have information about you in electronic form, we can provide it to you electronically if we can agree with you about the format, such as PDF. You can request that we send your protected health information to someone else that you specify. We will send the information where you request so long as your instructions are clear and there is no other reason why we need to deny your request.

We may deny you access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to such protected health information. In addition, we may deny your request

to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally required.

To inspect or copy your medical information, you must submit a written request to the Privacy Contact at the APDG office where you received services. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request.

B. The Right to Request a Restriction on Uses and Disclosures of Your Protected Health Information.

You may request that we restrict our uses or disclosures of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that we not disclose your health information to family members, friends, or other persons identified by you who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Except as described in the next sentence, we are not required to agree to a restriction that you may request. We are required by law to agree to a request to restrict disclosure of your health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you paid in full out of pocket. Requests must be made in writing to the Privacy Contact at the APDG office where you received services.

C. The Right to Request to Receive Confidential Communications from Us by Alternative Means or at an Alternative Location.

You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be

made in writing to the Privacy Contact at the APDG office where you received services.

D. The Right to Request Amendment of Your Protected Health Information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. If you believe that there is a mistake or missing information in our record of your protected health information, you may request, in writing, that we correct or add to the record. In this written request, you must also provide a reason to support the requested amendment. We will respond within 60 days of receiving your request. We may deny the request if we determine that the protected health information is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your protected health information. If we approve the request for amendment, we will change the protected health information and so inform you. We will make reasonable efforts to inform and provide the corrected information to persons you identify as having received the incorrect information and persons who we know received the incorrect information and that may have relied, or could foreseeably rely, on such information to your detriment. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. Requests for amendment must be made in writing to the Privacy Contact at the APDG office where you received services.

E. The Right to Receive an Accounting of Disclosures of Protected Health Information. You may ask us for a list of the disclosures that we have made of your protected health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures that were made with your

authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you request an accounting more frequently, such requests may be subject to a reasonable cost-based fee. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. Requests must be made in writing to the Privacy Contact at the APDG office where you received services.

F. The Right to Obtain a Paper Copy of This Notice. Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of the Notice or have agreed to accept this Notice electronically.

VI. OUR DUTIES

APDG is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If APDG changes this Notice, we will provide a copy of the revised Notice on your next office visit to APDG. We will notify you in accordance with law if there is ever a data breach that involves your protected health information.

VII. COMPLAINTS

You have the right to express complaints to APDG and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may file a written complaint with the Privacy Contact at the APDG office where you received services. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. EFFECTIVE DATE

This Notice is effective April 14, 2003.

IX. PRIVACY CONTACT

Below is the contact information for the Privacy
Contact at each of APDG's offices:

Coral Springs Office

3353 North University Drive
Coral Springs, FL 33065
Phone Number: 1-844-304-5437

Doral Office

7950 NW 53rd Street, Suite 200

Doral, FL 33166

Phone Number: 1-844-304-5437

Pembroke Pines Office

10021 Pines Blvd., Suite 100
Pembroke Pines, FL 33024
Phone Number: 1-844-304-5437