Notice of Privacy Practices of MAZZEI ORTHODONTICS

This notice describes how health information about you may be used and disclosed and how you may get access to this information.

Please review it carefully.

OUR PRACTICE HAS **ALWAYS** BEEN SENSITIVE TO PRIVACY ISSUES OF OUR PATIENTS. Recently, however, the United States Department of Health and Human Services ("HHS") issued comprehensive regulations relating to the privacy of patient records.

These new regulations, called "HIPAA", require us to provide you with this notice of how we may use and disclose health information about you; this notice also explains your legal rights regarding the information. If you have any questions about this notice, please call or write our privacy officer, **Anne Tindell, at 561-391-5126. Address: 7301-A West Palmetto Park Road, Suite 104C, Boca Raton, FL 33433** (e-mail **1stmgmt@bellsouth.net)**

How We May Use and Disclose Your Protected Health Information

Under the law (§456.074, Fla. Stats., and HIPAA) we must have your signature on a written, dated Consent form before we use and disclose your health information for certain purposes as detailed in the rules below.

Documentation - You will be asked to sign a Consent form when you receive this Notice of Privacy Practices. If you did not sign such a form or need a copy of the one you signed, please contact our Privacy Officer. You may take back or revoke your Consent at any time (unless we already have acted based on it) by submitting our revocation form in writing to us at the address listed above. Your revocation will take effect, when we actually receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your Consent prior to revocation (e.g., if after we provide services to you, you revoke your Consent in order to prevent us from billing or collecting for those services to you, your revocation will have no effect because we relied on your Consent to provide services before you revoked it.)

General Rule - If you do not sign our **Consent** form or if you revoke it, as a general rule (subject to exceptions described below under "Healthcare Treatment, Payment and Operations Rule" and "Special Rules"), we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your protected health information. Under Florida law, we are unable to submit claims to payers under assignment of benefits without your signature on our Consent form. We will not condition treatment on your signing an Authorization, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the Consent or revoke it.

Health-care Treatment, Payment and Operations Rule -
With your signed Consent, we may use or disclose your protected health information in order:

- **To provide you with or coordinate health-care treatment and services**. For example, we may review your health history form to form a diagnosis and treatment plan, consult with other doctors about your care, delegate tasks to ancillary staff, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other health-care providers, etc.;

- **To bill or collect payment from you, an insurance company, a health-benefits plan or another third party.** For example, we may need to verify your insurance coverage, submit your protected health information on claim forms in order to be reimbursed for our services, obtain pretreatment estimates or prior authorizations from your health plan or provide your x-rays or other records because your health plan requires them for payment.

- **To run our office, assess the quality of care our patients receive and provide you with customer service.** For example, to improve efficiency and reduce costs associated with missed appointments, we may contact you by phone either in person or electronically, mail or otherwise remind you of scheduled appointments, we may leave messages with whomever answers your telephone or e-mail to contact us, we may call you by name from the reception area, we may ask you to put your name on a

sign-in sheet, we may review your protected health information to evaluate our staff's performance, or our privacy officer may review your records to assist you with complaints. If you prefer that we not contact you with appointment reminders, please notify us in writing at our address listed above and we will not use or disclose your protected health information for this purpose.

Special Rules - Not withstanding anything else contained in this Notice, only in accordance with applicable law, and under strictly limited circumstances, we may use or disclose your protected health information without your permission, Consent or Authorization for the following purposes:

- When required under federal, state or local law.;
- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons;
- When necessary for public health reasons (e.g. prevention or control of disease, injury or disability)
- For federal or state government health-care oversight activities (e.g. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc.);
- For judicial and administrative proceedings and law enforcement purposes (e.g., in response to a warrant, subpoena, or court order);
- For workers' compensation purposes (e.g. we may disclose your protected health information if you have claimed health benefits for a work-related injury or illness);
- For intelligence, counterintelligence or other national security purposes;
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (e.g. if the researcher will have access to your protected health information because involved in your clinical care, we will ask you to sign an authorization);
- To create a collection of information that is "de-identified" (e.g. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you)
- To family members, friends and others, but only if you verbally give permission; we give you an opportunity to object and if you do not; we reasonably assume, based on our professional judgment and the surrounding circumstances, that you do not object (e.g. you bring someone with you into the operatory or exam room during treatment or into the conference area where we are discussing your personal health information) ; we reasonably infer that it is in your best interest (e.g. to allow someone to pick up your records because they knew you were our patient and you asked them in writing with your signature to do so); or it is an emergency situation involving you or another person (e.g. your minor child or ward) and, respectively, you cannot consent to your care because you are incapable of doing so or you cannot consent to the other person's care because, after a reasonable attempt, we have been unable to locate you. In these emergency situations we may, based on our professional judgment and the surrounding circumstances, determine that disclosure is in the best interests of you or the other person, in which case we will disclose protected health information, but only as it pertains to the care being provided and we will notify you of the disclosure as soon as possible after the care is completed.

Minimum Necessary Rule - Our staff will not use or access your protected health information unless it is necessary to do their jobs. Also, we disclose to others outside our staff only as much of your protected health information as is necessary to accomplish the recipient's lawful purposes. For example, we may use and disclose the entire contents of your medical record:

- To you (and your legal representatives as stated above) and to anyone else you list on a Consent or Authorization to receive a copy of your records;
- To health-care providers for treatment purposes (e.g. making diagnosis and treatment decisions or agreeing with prior recommendations in the medical record);
- To the U.S. Department of Health and Human Services (e.g., in connection with a HIPAA complaint);
- To others as required under federal or Florida law;
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA (e.g. clerks who copy records need access to your entire medical record).

In accordance with the law, we presume that requests for disclosure of protected health information from another Covered Entity (as defined in HIPAA) are for the minimum necessary amount of protected health information to accomplish the requester's purpose.

If we believe that a request from others for disclosure of your entire medical record is unnecessary, we will ask the requester to document why this is needed, retain that documentation and make it available to you upon request.

Incidental Disclosure Rule - We will take reasonable administrative, technical and security safeguards to ensure the privacy of your protected health information when we use or disclose it (e.g. we require employees to talk softly when discussing protected health information with you, we use computer passwords and change them periodically, we allow access to areas where protected health information is stored or filed only when we are present to supervise and prevent unauthorized access.)

Business Associate Rule - Business Associates and other third parties that receive your protected health information from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in our Business Associate agreement will allow our Business Associates to violate this re-disclosure prohibition.

Super Confidential Information Rule - If we have protected health information about you regarding HIV testing, alcohol-or substance abuse diagnosis and treatment, or psychotherapy and mental-health records (super-confidential information under the law), we will not disclose it under the General or Health-care Treatment, Payment or Operations Rules (see above) without you first signing and properly completing our Consent form and detailing what super confidential information you are permitting us to disclose. If we disclose super-confidential information (either because you have initialed the Consent form or the Special Rules authorize us to do so), we will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

Changes to Privacy Policies Rule - We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately upon us posting them. They will apply to all protected health information we create or receive in the future, as well as to all protected health information created or received by us in the past . If we make changes, we will post the changed Notice, along with its effective date, in our office. Also, upon request, you will be given a copy of our current notice.

Authorization Rule - We will not use or disclose your protected health information for any purpose to any person other than as stated in the rules above without your signature on a specifically worded, written Authorization form (not a Consent or Acknowledgment form) If we need your Authorization, we must obtain it on our Authorization form, which is separate from any Consent we may have obtained from you. We will not condition treatment on whether or not you sign the Authorization.

YOUR LEGAL RIGHTS

The federal privacy regulations give you the right to make certain requests regarding your health information. You may ask us to:

- Communicate with you in a certain way or at a certain location. We will accommodate reasonable requests.
- Restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to restrict disclosures to persons involved in your health care.
- Inspect and copy your protected health information by submitting a written request on our Request to Inspect, Copy or Summarize form. Original records will not leave the premises, will be available for inspection only during our regular business hours and only if our privacy officer is present at all times. We may charge you a fee not to exceed Florida law to recover our costs (including postage, supplies and staff time as applicable, but excluding staff time for search and retrieval) to duplicate or summarize your protected health information. We will not condition release of the copies or summary on payment of your outstanding balance for professional services (if you have one) but we may condition release of the copies or summary on payment of the costs involved.
- Amend health information. Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- Provide a list of certain disclosures we have made

about you, such disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12 month period, we may charge a reasonable fee.

You also have a right to ask for information or file a complaint if you think your privacy rights have been violated. We want to make it right and we will never penalize you for filing a complaint. To do so, please request our complaint form by calling our privacy officer (as notated on the first page of this notice) . If you desire to file a complaint with The U.S. Department of Health and Human Services, it needs to be in writing and within 180 days.

Unresolved complaints will be subject to binding arbitration under the Rules of American Arbitration Association in Palm Beach County, Florida with each party to pay their own attorney's fees and costs.

These privacy practices will be effective **April 14, 2003** and will remain in effect until we replace them as specified above.