

Notice of Privacy Practice

This notice describes how your health information may be used, disclosed and how you can access this information. Please review it carefully.

At Aesthetic and Implants Dentistry, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the term of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor who may be involved in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use and disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answer the phone.

In an emergency, we may disclose your health to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information's described above. We will let you know if we can fulfill your request.

You have the right to know of any uses of disclosures we make with your health information beyond the above normal use.

As we will need to contact you from time to time, we will use whatever address, or telephone number you prefer.

You have the right to transfer copies of you health information to another practice. We will charge a minimum amount and we will have your files ready to be picked up for you or an authorized person.

You have the right to see and receive copy for your health information, with a few exceptions. Give us written request regarding information you want to see. "If you also want a copy of your records, we may charge a reasonable fee for the copies".

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Ave. S.W., Room#509, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our privacy officer at (813) 223-5677.

This notice goes into effect as of April 14, 2003.

Acknowledgment

I have received a copy of the Notice of Privacy Practice for Aesthetic and Implant Dentistry

Patient Signature

Print Patient Name

Witness

Date