

Your privacy rights as our patient

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this notice. Once approved, an appointment can be made to review your records. Duplications of records, if requested, will be \$100.00. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Privacy Officer for a fee and/or an explanation of our fee structure.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures: therefore these are not available). You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment, or healthcare operations. You can request non-routine disclosures going back 6 years starting on April 14, 2003. Information prior to that date would not have to be released. (Example: If you request information on May 15, 2004, the disclosure period would start on April 14, 2003, through May 15, 2004. Disclosures prior to April 14, 2003, do not have to be made available).

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement. (Except in emergencies) Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be submitted in writing.

Questions and Complaints

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. In writing, request a complaint form from our Privacy Officer. We support your right to the privacy of your information and 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.

How to contact us:

Payne and Payne Dentistry, 3015 Jefferson St. Ste. D, Marianna, FL 32446, Phone: 850-526-2511, Fax 850-526-5159, email: contact@payneandpaynedentistry.com Privacy Officer: Leigh Helms

Acknowledgement of Receipt of Notice of Privacy Practices* You may refuse to sign this acknowledgement.

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for **Payne and Payne Dentistry** this ____ day of _____, _____. A copy of this signed and dated acknowledgement shall be as effective as the original.

Please print your name _____ **Please sign your name** _____

If you are the legal representative of the patient, please print the patient’s name(s) and describe your authority: Thank you and if you have any questions about this form or the attached Notice, please contact our Privacy Officer.

Office use only: As privacy officer, I attempted to obtain the patient’s or representative’s signature on this Acknowledgement but did not because:

It was emergency treatment

I could not communicate with the patient

The patient refused to sign

The patient was unable to sign because _____

Other(please describe) _____ **Signature of privacy officer** _____