

Notice of Privacy Practices

How we protect your information and privacy

Your Rights:

*Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

*Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

*Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

*Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information

* Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.

* Get a copy of this privacy notice

You may receive a written copy of this notice

* Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

* File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us Dr. Michael Connor or by contacting the Office of Civil Rights www.hhs.gov/ocr/privacy/hipaa/complaints

Your Choices:

In certain situations, or conditions, you can tell us your choices about what we can share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
- Share information with family or close friends involved in your care.
- Share information in a disaster relief situation

If you are not able to tell us your preference or in the event of an emergency, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- We will never share your information for:
 - Marketing purposes
 - Fundraising purposes
 - Sale your information

Notice of Privacy Practices

How we protect your information and privacy

Our Uses

- Treat You

We can use your health information and share it with other professionals who are treating you including other dentist and healthcare professionals

- Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary and as necessary.

- Bill for our services.

We can use and share you health information to seek payment from health plans, benefit providers or other entities

How else we can use your information?

We are allowed to use your information in other situations or ways that usually affect the public good.

- We can share health information about you for certain situations such as:

- *Preventing diseases

- *Helping with product recalls

- *Reporting adverse reactions to medicines

- *Reporting suspected abuse, neglect, or domestic violence

- *Preventing or reducing a serious threat to anyone's health or safety.

- * Research purposes

- *To comply with state or federal laws

- *To respond to a court order or subpoena

- *Share with coroner or medical examiner or funeral home

- *In the event of an emergency or disaster

- *Workers Compensation Claims

- *For law enforcement purposes

- *For special government functions such as military or national security

Our Responsibilities

We take patient privacy very seriously and attempt to take every precaution and safeguard to protect our patient's health information.

However, if we find that there has been a breach or misuse of your information we will notify you as soon as possible that your information may have been compromised or misused.

Our Privacy and Security Officer is:

Dr. Michael H Connor

12301 Lake Underhill Road

Suite 107

Orlando, FL 32828

(407)277-3300