

NOTICE OF PRIVACY PRACTICES

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239.262.3300

**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!**

Your Rights

- Get a paper copy of this privacy notice at any time, even if you have agreed to receive the notice electronically.
- Obtain a copy of your medical record, which we may provide for a reasonable, cost-based fee, usually within 30 days of your request.
- Request that we correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Request that we contact you in a specific way (for example, home or office phone) or send mail to a different address. We will consider all reasonable requests.
- Ask us not to use or share certain health information for treatment, payment, or our health care operations. We may say “no” if it would affect your care.
- Obtain a list (accounting) of the times we have 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 our health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 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 may contact Dr. Steven J. Fontana at 239-262-3300 (1585 Pine Ridge Road, Suite 2; Naples, FL 34109), in person or in writing. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775 or visiting <https://www.hhs.gov/hipaa/>. We will not retaliate against you for filing a complaint.

Your Choices

- In these cases, you have both the right and choice to tell us to:
 - ✓ Share information with your family, close friends, or others involved in payment for your care.
 - ✓ Share information in a disaster relief situation.
 - ✓ Note: If you are not able to tell us your preference (for example, if you are unconscious), we may 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.
- In these cases, we never share your information unless you give us written permission:
 - ✓ Marketing purposes.
 - ✓ Sale of your information.

Our Uses and Disclosures

- Communicate with professionals who are treating you.
- Run our practice, improve your care, and contact you when necessary.
- Bill and receive payment for your health care.
- Help with public health and safety issues, such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone’s health or safety.
- Comply with state and federal laws and with the Department of Health and Human Services.
- Respond to lawsuits and legal actions, such as a court order, administrative order, or subpoena.
- Respond to workers’ compensation claims and requests from law enforcement, military, or other government agencies.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director when an individual dies.

Our Responsibilities

- Abide by the terms of this Notice of Privacy Practices and offer to give you a copy of it.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Notify you if we cannot accommodate a requested restriction or request.
- Note: The health and billing records we maintain are the physical property of the practice. The information in it, however, belongs to you.

Updates to Our Notice of Privacy Practices

- This Notice of Privacy Practices is effective starting with the date in the lower right corner of this page.
- Gulfshore Oral Surgery, PA reserves the right to amend, change, or eliminate provisions in our privacy practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will update our Notice of Privacy Practices. You may receive a revised copy by calling our office, visiting our office, or visiting our website (www.GulfshoreOralSurgery.com).