

HIPPA NOTICE of PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care options (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected dental health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the dentist's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your dental care and any related services. This includes the coordination or management of your dental care with a third party. For instance, your protected dental health information may be provided to a dentist to whom you have been referred to ensure that the dentist has the essential information to diagnose or treat you.

Payment: Your protected dental health information will be used, as needed, to obtain payment for your health care services.

Healthcare Options: We may use or disclose, with discretion, your protected dental health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment, employee review, training of dental students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected dental health information to dental school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your referring dentist. We may also call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your protected dental health information, as necessary, to contact you to remind you of your appointment.

Signature of patient (or parent)

DATE

(OVER)

We may use or disclose your protected dental health information in the following situations without your authorization. These situations include as required by law: Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Military Activity and National Security, Worker's Compensation, Inmates and Required uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500

Other permitted and required uses will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time in writing, except to the extent that your dentist or the dentist's practice has taken in an action in reliance on the use of disclosure indicated in the authorization.

Your Rights

The following is a statement of your rights with respect to your protected health information

You have the right to inspect and copy your protected health and dental information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative action or proceeding, and protected health and dental information that is subject to law that prohibits access to protected health and dental information.

You have the right to request a restriction of your protected health and dental information. This means you ask us not to use or disclose any part of your protected health and dental information for the purposes of treatment, payment or healthcare options. You may also request that any part of your protected health and dental information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your dentist is not required to agree to a restriction that you may request. If the dentist believes it is in your best interest to permit use and disclosure of your protected dental and health information, your protected dental and health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e. electronically).

You may have the right to have your dentist amend your protected dental health information. If we deny request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

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