

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

## INTRODUCTION

At *Thomas Orthodontics*, we are committed to responsibly treating and protecting your health information. This Notice of Health Information Practices describes the personal information we collect, how and when we use or disclose that information. It also describes your right as they relate to your protected health information. This notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

## UNDERSTANDING YOUR HEALTH RECORD

Each time you visit *Thomas Orthodontics*, a record of your visit is made. Typically this record contains your examination and diagnoses, treatment and a plan for future care or treatment, as indicated. This information often referred to as your health and treatment serves as a:

- ❖ Basis for planning your care and treatment;
- ❖ Means of communication among the many health professionals who contribute to your care;
- ❖ Legal document describing the care you received;
- ❖ Means by which you or a third party payer can verify that services billed were actually provided;
- ❖ A source of information for public health officials charged with improving the health of this state and the nation;
- ❖ A source of data for planning better ways to serve you in the future;
- ❖ A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of *Thomas Orthodontics*, the information belongs to you. You have the right to:

- ❖ Obtain a paper copy of this notice of information practices;
- ❖ Inspect a copy (a copying fee may be charged) your health record as provided for in 45 CFR 165.524;
- ❖ Request in writing an amendment to your health record as provided in 45CCFR 164.528;
- ❖ Obtain an accounting of disclosures of you treatment information as provided in 45CFR 164.528;
- ❖ Request communications of your treatment information by alternative means of at alternative locations;
- ❖ Request a restriction on certain uses and disclosures of your information as provided in 45 CFR 164.522;
- ❖ Revoke your authorization to use or disclose treatment information except to the extent that action has already been taken.

## OUR RESPONSIBILITIES

*Thomas Orthodontics* is required to:

- ❖ Maintain the privacy of your treatment information;
- ❖ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- ❖ Abide by the terms of this notice;
- ❖ Notify you if we are unable to agree to a requested restriction, and

- ❖ Accommodate reasonable requests you may have to communicate treatment information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected treatment information we maintain. Should our information practices change, you may obtain a copy at any of our facilities.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your treatment information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information you may contact the practice's Privacy Officer, Dr. Thomas at 813-948-9494.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Dept. of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. The addresses for the Privacy Officer and the OCR are listed below:

*Thomas Orthodontics*

ATTN: Dr. Thomas  
2047 Osprey Lane  
Lutz, Fl. 33549

Office for Civil Rights  
U.S. Dept. of Health & Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

## EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

*We will use your health information for treatment.*

**For Example:** Information obtained by the Doctor, Orthodontic Assistant or other member of our staff will be recorded in your record and used to determine the course of treatment that should work best for you. In that way, the physician will know you are responding to the treatment.

Copies of various reports may be provided to your Private physician or subsequent healthcare provider to assist him or her in treating you.

*We will use your health information for payment.*

**For Example:** A bill may be sent to your insurance or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For Example:** Members of our staff, or quality improvement team may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in medical record storage and billing companies. When these services are contracted, we may disclose your treatment information to our business associates so that they can perform the job we've asked them to do. To protect your treatment information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use of disclose information to notify or assist in notifying a family member, personal

representative, or another person responsible for you are, your location and general condition.

**Communication with family:** Health professionals, using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, treatment information relevant to that person's involvement in your care or payment related to ?

**Access to Protected Health Information:**

- ❖ Requires you or your legal representative to put your request to view or copy your protected treatment information (treatment record) in writing.
- ❖ Reserve the right to charge a reasonable fee for copying, mailing and/or preparing a summary of the protected health information.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives, any questions you may have concerning your care and treatment or other health related benefits and services that may be of interest to you.

**Workers Compensation:** We may disclose health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement:** We may disclose treatment information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professionals or clinical standards and are potentially endangering one or more patients, workers or the public.



# Notice of Privacy Policies for Thomas Orthodontics