

Dentistry of Orlando

www.dentistryoforlando.com

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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

USES AND DISCLOSURES OF HEALTH INFORMATION

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Dentistry of Orlando and Family & Cosmetic Dentistry uses and discloses your protected health information for treatment, payment and health care operations. Some examples of when our office may use or disclose your health care information for these purposes includes;

Sharing test results with other health care providers for confirmation of a diagnosis;
Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for services provided.

Reviewing information as part of our quality assurance program.

OTHER USES AND DISCLOSURES

Dentistry of Orlando and Family & Cosmetic Dentistry may use or disclose your protected health information in compliance with guidelines outlines by law, for the following purposes.

The health record we maintain and the billing records are the physical property of the practice. The information in it belongs to you.

Providing you with information related to your health;

Contacting you regarding appointmentsn information and treatment alternatives or outhter health related issues.

Incidental uses or disclosures (e.g. listing your name on the sign in sheet, ect)

Provideing certain specified information to law enforcement or medical examiners;

Providing information to worker's compensation programs ;

Public health activities when requested by a public health authority or the FDA;

Providing information to military or veterans affairs;

Informing a family member, or other relative or close friend when;

Information is relavant to the individuals involvement with your care;

Notication of your location or general condition;

To assist your health care(pick up perscriptions or other documents)

AUTHORIZION FOR OTHER USES

Dentistry of Orlando and Family & Cosmetic Yes No

Dentistry uses and disclose your health

information only after obtaining your

authorization. If you do not authorize a use

contained in this notice you may revoke your

authorization at any time by notifying us in

writing that you wish such revocation.

Response Date: _____