

Best Smile Cosmetic Dentistry

500 N. Hiatus Rd. Suite 109 Pembroke Pines, FL 33026 1.954.431.8484 Fax: 1954.431.8435 info@bestmile.us www.bestmile.us

Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

“You May Refuse to Sign This Acknowledgement”

Please check any of the following conditions that apply to you:

I, _____, have received a copy of this office’s Notice of Privacy Practices

(Please Print Name)

(Signature)

(Date)

For Official Use Only

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

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Notice Of Privacy Practices

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

Please review it carefully.

The privacy of your Health Information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14th, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change the Notice and make the new Notice available upon request.

You may request a copy of the Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Health Information

We use and disclose your health information to a physician or other healthcare provider providing treatment to you.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide for you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include a quality assessment and improvement activities, reviewing the competence of qualifications of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment and healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization while it was in effect, unless you give us a written authorization, we cannot use or disclose your health information for any reasons except those described in this Notice.

To your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help your healthcare or with down payment of your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We must disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to use or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information

that is direct relevant to the person's involvement in your Healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim or abuse, neglect or domestic violence of the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counter-intelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health care information. You may obtain a form to request access by using the contact information at the end of the Notice. We will charge you a responsible cost-based fee for the expenses such as copies and staff time. If you request copies, will charge you &1.00 for each page, \$20.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. X-rays requested by you, and not sent directly to another dental office will be duplicated at a fee of \$36.00. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary of an explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instance in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request the we place additional restrictions on our use or disclosure of our health information. We are not required to agree to theses additional restrictions, but if we do, we will abide by our agreement (expect in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or locations you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints

If you want more information about our privacy practices, or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Ivan Reyes

Telephone: (954) 431-8484

Fax: (954) 431-8435

E-mail: info@bestsmile.info

Address:

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Ste. 109

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Notice of Privacy Practices

Purpose: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14th, 2003. We must make a good faith attempt to obtain written acknowledgement of receipt of the Notice from the patient. We must also have the notice available at the office for the patients to request to take with them. We must post the Notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the request on or after the effective date of the revision in a manner consistent with able instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.
