

Document 1: HIPAA Notice of Privacy Practices

ORTHODONTIC SPECIALISTS OF FLORIDA (and affiliated legal entities)

NOTICE OF PRIVACY PRACTICES

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

Our Legal Duty

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Orthodontic Specialists of Florida (“Practice”) is required by law to maintain the privacy of your Protected Health Information (PHI), to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

We are required to abide by the terms of this Notice currently in effect.

1. How We May Use and Disclose Your Protected Health Information (PHI)

We are permitted to use and disclose your PHI for treatment, payment, and healthcare operations without your written authorization:

- **For Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your orthodontic care. For example, we may share X-rays, treatment plans, or dental records with your general dentist, pediatric dentist, oral surgeon, or dental laboratory.
- **For Payment:** We may use and disclose your PHI to bill and collect payment from you, your insurance company, or third-party payers. For example, we may submit claims detailing your orthodontic diagnosis and treatment plan to your dental insurance provider to obtain reimbursement.
- **For Healthcare Operations:** We may use and disclose your PHI to support the operational and administrative activities of our practice. This includes quality assessment, employee evaluations, training, auditing, compliance programs, and customer service improvements.

2. Other Permitted Uses and Disclosures Without Your Authorization

We may use or disclose your PHI in the following circumstances as permitted or required by law:

- **Appointment Reminders & Communications:** We may contact you via phone, text message, email, or mail to remind you of scheduled appointments, convey treatment updates, or provide information about treatment alternatives.
- **Business Associates:** We may share PHI with third-party "Business Associates" who perform services on our behalf (e.g., billing companies, practice management software providers, IT support). All Business Associates must sign contracts agreeing to protect the privacy and security of your PHI.
- **Family Members and Caregivers:** Unless you object, we may disclose relevant PHI to a family member, relative, or close friend involved in your care or payment for your care (e.g., a parent or guardian accompanying a minor patient).
- **As Required by Law:** We will disclose PHI when required to do so by federal, state, or local laws, or judicial/administrative proceedings (e.g., court orders, subpoenas).
- **Public Health and Safety:** We may disclose PHI for public health reporting, preventing or controlling disease, reporting child abuse or neglect, or preventing a serious threat to health or safety.
- **Health Oversight Activities:** We may disclose PHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.

3. Uses and Disclosures Requiring Your Written Authorization

Any other uses and disclosures not described in this Notice will be made ONLY with your explicit written authorization. Specifically:

- **Marketing:** We will not use or disclose your PHI for marketing communications or receive remuneration from third parties for marketing without your written authorization.
- **Sale of PHI:** We will never sell your PHI.
- **Psychotherapy/Clinical Notes:** If applicable, specialized notes require explicit authorization.

You may revoke your written authorization at any time in writing, except to the extent that we have already acted in reliance upon it.

4. Your Rights Regarding Your Protected Health Information

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your clinical and billing records. You may request an electronic copy if we maintain the records electronically. We may charge a reasonable, cost-based fee for copies.
- **Right to Request Amendments:** If you feel that PHI we have about you is incorrect or incomplete, you may request in writing that we amend the information. We may deny your request under certain circumstances, but we will provide you with a written explanation.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on how we use or disclose your PHI for treatment, payment, or healthcare operations. While we will consider all requests, we are not required to agree, **except** if you request

that we not disclose PHI to a health plan for payment or healthcare operations and you have paid for the service out-of-pocket in full.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location (e.g., calling a specific phone number or mailing to an alternate address).
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your PHI made by us for purposes other than treatment, payment, healthcare operations, or pursuant to your written authorization.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this Notice at any time upon request, even if you previously agreed to receive it electronically.

5. Changes to This Notice

We reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI we maintain. Updated notices will be made available on our website at <https://www.fl4braces.com/> and posted in our office locations.

6. Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized or retaliated against for filing a complaint.**

Privacy Officer Contact Information:

Orthodontic Specialists of Florida

Attn: HIPAA Privacy Officer

6311 4th St N

Saint Petersburg, FL 33702

Phone: (727) 522-5599 / (855) 998-8200

Website: <https://www.fl4braces.com/>