

## CEDRIC C. CHENET, DDS, PA

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# NOTICE OF PRIVACY PRACTICES (Amendment September 23, 2013)

THIS NOTICE DESCRIBES HOW MEDICAL 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.

We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do so. Florida law and the Health Insurance Portability & Accountability Act of 1996 (HIPAA) require us to maintain the confidentiality of all your health-care records and other individually identifiable health information used by or disclosed to us in any form, whether electronically, on paper, or orally ("PHI" or **Protected Health Information**). The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

*Dr. Chenet, clinical staff, Business Associates (outside contractors we hire), employees and other office personnel follow the policies and procedures of this notice. If Dr. Chenet is unavailable to assist you (illness, vacation, etc.), we may provide you with the name of another health-care provider outside our practice for you to consult with. If we do so, that provider will follow the policies and procedures of this notice or those established for his or her practice, so long as they substantially conform to those for our practice.*

## Our responsibilities

This office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information to you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

## USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Under the law (Section 445.074, Fla statute, and HIPPA), we must have your signature on a written, dated Consent form before we will use and disclose your protected health information. With your signed Consent, we may use or disclose your PHI for treatment, to obtain payment and for health care operations:

- **Treatment:** We may use or disclose your PHI to provide you with or coordinate health-care treatment and services. For example, we may review your health history form to reach a diagnosis and treatment plan, consult with other doctors about your care, call in prescriptions to your pharmacy, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other health-care providers, etc.;
- **Payment:** We may use or disclose your PHI to bill or collect payment from you, an insurance company, a managed-care organization, a health benefits plan or another third party. For example, we may need to verify your insurance coverage, submit your PHI on claim forms in order to get reimbursed for our services, obtain pre-treatment estimates or prior authorizations from your health plan or provide your X-rays because your health plan requires them for payment; or
- **Healthcare Operations:** We may use and disclose your PHI to run our office, assess the quality of care our patients receive and provide you with customer service. For example, to improve efficiency and reduce costs associated with missed appointments, we may contact you by telephone, mail or otherwise remind you of scheduled appointments, we may leave messages with whomever answers your telephone or e-mail to contact us (but we will not give out detailed PHI), we may call you by name from the waiting room, we may ask you to put your name on a sign-in sheet, etc.
- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The health information and billing records we maintain are the physical property of this office. The information on it, however belongs to you. You have the following additional rights:

- **Request a restriction** on certain uses and disclosure of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request granted; You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Request that your health record be amended** to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the health information kept by or for the office;
  - Is not part of the information that you would be permitted to inspect or copy; or,
  - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- **Right to Inspect and Copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. **We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.** We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Request that communication of your health information be made by alternative means or an alternative location** by delivering the request in writing to our office. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request must specify how or where you wish to be contacted. We will accommodate reasonable requests
- **Obtain an accounting of disclosure** of your health information as required to maintain by law by delivering a request to this office. An accounting will not include uses and disclosures of information for treatment, payment or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses and disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- **Revoke authorization** that you made previously to use and disclose information by delivering a written revocation to our office, except to the extent that information or action already been taken.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request..
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, [www.chenetdental.com](http://www.chenetdental.com).

If you want to exercise any of the above rights, please contact our Privacy Officer in person or in writing during regular business hour. She or he will inform you of the steps that need to be taken to exercise your rights.

## USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:** The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## Other Disclosures and uses

**SPECIAL SITUATIONS:As Required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law. We may use or disclose your Protected Health Information without permission, consent or authorization for the following purposes

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Communication with Family.** Using our best judgment we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or an emergency.

**Notification.** Unless you object, to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, and about your general condition , or your death.

**Research.** We may release your health information to researchers when their research has been approved by an institutional review board that has received the research proposal and established protocols to insure the privacy of your health information.

**Disaster Relief.** We may use and disclose your health information to assist in disaster relief effort.

**Organ and Tissue Donation.** Consistent to applicable law, to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation or transplant. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Food and Drug Administration (FDA).** We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defect, or post-marketing surveillance information to enable product recall, repairs, or replacements.

**Workers Compensation.** If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with the laws relating to Workers Compensation.

**Public Health.** As authorized by law, we may disclose your protected health information to public health or legal authorities charge with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with the products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contacting or spreading a disease or condition.

**Abuse & Neglect.** We may disclose your protected health information to public authorities as allowed by law to report abuse and neglect.

**Employers.** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury. In such circumstance, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

**Correctional Institutions.** If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**Law Enforcement.** We may release your health information for law enforcement purposes as required by law, such as when required by a court order, or incase involving felony prosecution, or to the extent an individual is in the custody of law enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Health Oversight.** Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

**Judicial/Administrative Proceedings.** We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order. If you are involved in a lawsuit or a dispute, we may disclose Health

Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Serious Threat.** To avert a serious treat to health or safety, we may disclose your protected health information consistent with the applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**For Specialized Governmental Functions.** We may disclose your health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Coroners, medical examiners and Funeral Directors.** We may release your health information to a coroner or a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Other Uses.** Other uses and disclosures, beside those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

**Secretary of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Fundraising.** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

**Website.** If we maintain a website that provides information about our entity, this notice will be on the website.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

**To request information or file a complaint:** If you have a question, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Privacy Officer at the address listed below.

Additionally, if you believe that your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint form to our Privacy Officer. You may also file a complaint by mailing it or emailing it to the Secretary of Health and Human Services < Office of Civil Rights, 200 Independent AVE., S.W. Washington, D.C. 20201 -- toll free number (877) 696-6775

- We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Resources (HHS) as a condition of receiving treatment from this office.
- We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

**Forms to help you with written requests mentioned in this Notice are available upon request.**

These privacy practices will be effective September 23, 2013, and will remain in effect until we replace them as specified above.

If you have any questions about this Notice, please contact our Privacy Officer at:

Cedric C. Chenet, DDS, PA

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