

R. TROUP DAVIS, DDS  
5185 Castello Dr, Suite 1  
Naples, FL 34103

### HIPAA Privacy Notice

We are required by law to maintain the privacy of "protected health information". "Protected health information" includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, and/or the payment for our health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our office.

#### Permitted Uses and Disclosures

- We can use and disclose your protected health information for purposes of treatment, payment, and/or health care operations.
- We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment of your care.
- If you are a member of the armed forces we may release medical information about you as required by military command authorities.
- We may release medical information about you for programs that provide benefits for work related injuries or illness, regardless of the state in which the injury occurred.
- We may disclose medical information to federal or state agencies that oversee our activities.
- If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.
- We may release medical information if asked to do so by law enforcement official.

#### Your Rights

- You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment, and healthcare operation. However, we are not required to agree to your request.
- You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
- You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than you for the period provided by law.
- You have the right to request and receive a paper copy of this notice from us.
- The above rights may be exercised only by written communication to us.

#### Complaints

If you believe that your privacy rights have been violated, you should contact our office immediately. All complaints must be submitted in writing. We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

#### Additional Information

If you have any questions or would like further information regarding the HIPAA Privacy Notice, please contact a staff member of our office, or visit <http://www.hhs.gov/ocr/hipaa> for the entire privacy rule.

### HIPAA Receipt Form

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required that our office give each patient a copy of the HIPAA Privacy Notice and that we obtain acknowledgement of receipt from each patient. By signing below, you acknowledge that you did receive a copy of the HIPAA Privacy Notice. You have the right to refuse to sign.

Print Name: \_\_\_\_\_ Parent/Guardian if patient is a minor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Written Acknowledgement was not obtained because:

Patient refused to sign     Emergency situation     Unable to communicate with patient  
 Other (explain) \_\_\_\_\_