

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 4/14/03 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 eff. for all health information that we maintain, including health information we created or received before we made the changes.

USES AND DISCLOSURES OF HEALTH INFORMATION = We use and disclose health information about you for treatment, payment and healthcare operations.

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

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

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

Authorization: In addition to our use of your health information for treatment, payments or 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 an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason 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 family, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of 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 such uses. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment 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 forms of health information.

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

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

Abuse or Neglect: We may use or disclose health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or 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 of health or safety of others.

National Security: We may disclose to military authorities, authorized federal officials or correctional institution or law enforcement officials under certain circumstances.

Appointment Reminders: We may use or disclose information to provide appointment reminders.

Patient Rights

Access: You have the right to look at or get copies of health information, with limited exceptions. You must make a written request to obtain access to your information. We will charge you a reasonable cost based fee for expenses such as copies and staff time. We will charge \$2.00 per page, \$100 per hour for staff time to locate and copy your information.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your information for the past 6 years, but not before April 14, 2003. If you request this more than once in a 12 mo period, we may charge a reasonable, cost based fee.

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

Alternative Communication: You have the right to request that we communicate with you about health information by alternative means or to alternative locations.

Amendment: You have the right to request that we amend your health information, in writing. We may deny your request under certain circumstances.

Questions and Complaints

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, you may complain to us using the contact information at top of this Notice. You may also submit a written complaint to the U.S. Dept of Health and Human Services.

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. Dept of Health and Human Services.

Contact Officer: H.L. Strickland, Jr. D.D.S. Telephone: 251-928-9292 Fax: 251-928-7089
Address: 7489 Parker Road Fairhope, Al. 36532

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

- You may Refuse to Sign this Acknowledgement *

I, _____, am aware of the office's Notice of Privacy Practices.

Please print Name

Signature

Date

Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

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